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(Rec	questor's Name)	
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November 25, 2020

ADOLFO N. SOSA 2917 NW 64TH TERRACE MARGATE, FL 33063

SUBJECT: CLARITY QUALITY SIGNS, LLC

Ref. Number: L20000080618

We have received your document for CLARITY QUALITY SIGNS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 920A00023744

RECEIVED
DEC 1 5 2020

www.sunbiz.org

CLARITY QUALITY SIGNS, LLC

Ref. Number: L20000080618

December 7, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

I have received the documents to correct the surname, we thank you for your collaboration, we are sending the documents back, the check for \$ 25 dollars. and all the information they need.

We thank you for the attention received on my phone number 954 668 0492. Hours to receive calls from 9 a.m. until 6 pm. Thank you

Address 2917 NW 64 TH Terrace Margate Fl. 33063.

I am using the email of my wife Isofia14@aol.com, soon, I will organize the company.

If you have any questions, my phone number is again 954 668 0492. Thank You.

Sincerely

Adolfo N Sosa

Phone 954 668 0492

Email Isofia14@aol.com

address 2917 NW 64 TH Terrace

Márgate FL. 33063

Departamento de Estado de la Florida.

Sunbiz división of corporation

2020 007 15 77 5475

We are hereby clarifying that the last name is wrong, I send you a copy of the document, THE LAST NAME IS SOSA.

I remain middle name as last name

CLARITY QUALITY SIGNS, LLC. Document number 1.20000080618.

Thank you so much.

Adoffo N. Sosa.

phone 954 6680492

COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: Claci	A Quali-	ited Liability Company	LC_	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	elarity 2917 a	Name of Person Ovality Si6 Firm/Company Address Address Address City/State and Zip Code O be used for future annual report noti	ns, LLC	
For further information cone			,	
A dole of Pe	S0 sa	at (<u>954)</u> 663 Area Code Daytime	3 04 9 2 c Telephone Number	
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Charity W	vality	S16NS	<u> بربا لم</u>	17 7" 1:25
(Name of the Limite	d Liability Confpan A Florida Limited Li	y as it now appears on cability Company)	our records.)	
The Articles of Organization for this Limited Lia		vere filed on <u>Mac</u>	ch 12,20,	20 and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabilit	y Company," the design:	ition "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ible:			
(Principal office address MUST BE A STREET	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>8<i>0X)</i></u>			
B. If amending the registered agent and/or reagent and/or the new registered office address		idress on our record	ds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Adolfo	Nazara	00 Sos	<u>a</u>
New Registered Office Address:	2917 0	UU 64 th Enter Florida st	Tarr reet address	
	nl	DW 64th Enter Florida st. City	Florida	33063
		Cig.		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager
4 3 7 7 1 1 3	4 41 * 1

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Adolfo N. Sosa		□Add
			□Remove
			X Change
			□Add
			□Remove
			□Change
<u> </u>			
		□Remove	
			□Change
			□Add
			□Remove
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		□Add	
			□ Change
			□Add
			□Remove
		-	□Change

	
	
ffective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) I	Pursuant to 605 0207
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w	vill not be listed as
ocument's effective date on the Department of State's records.	
record equation a delayed affection data but not an affective time at 12.01 and an element of the The	004 4 6 . 4
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The list filed.	90th day after the
ated <u>1) EC 04</u> . 2020	
Signature of a member or authorized representative of a member	
Signature of a member of additionized representative of a member	
Adolfo N. Sosa. Typed or printed name of signee	