L20 000 156581

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
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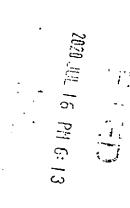


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COVER LETTER

TO:	Registration Se Division of Cor				
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SUBJE		COUNTER TOPS, LLC.		grig (lav	
SUBJE		Name of Lim	ited Liability Company	•	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		JOHN CRUZ			
			Name of Person		
		QUALITY COUNTER TO	OPS, LLC.		
			Firm/Company		
		6164 AYCOCK PLACE			
			Address		
		PORT CHARLOTTE, FL	. 33981		
			City/State and Zip Cod	e	
		carlosm@kingdomdesignat			
For furt	ther information c	E-mail address: (oncerning this matter, please c	to be used for future annual all:	il report notificati	ວກ)
JOHN	CRUZ		813 4 at ()	14-1977	
	Name o	f Person	Area Code	Daytime Tel	ephone Number
Enclose	ed is a check for th	ne following amount:			
■ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee Certified Copy (additional copy is e		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		\	Address: ration Section	1
	Division of C		_	on of Corpora	
	P.O. Box 632	7	The C	entre of Talla	hassee
	Tallahassee, I	FL 32314	2415 1	N. Monroe St	reet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY COUNTER TOPS, LLC.				. 763	
(Name of the Limited (/	Liability Compar A Florida Limited L	iy as it now appears on o iability Company)	ur records.)		
The Articles of Organization for this Limited Lia	oility Company	were filed on July 2, 2	020	and assigned	
Florida document number L20000156581				. 3	
This amendment is submitted to amend the follow	ving:			6:13	
A. If amending name, enter the new name of t	<u>he limited liabi</u>	lity company here:			
QUALITY CONTROL COUNTER TOPS LLC					
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ity Company," the designa	tion "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applical	ole:	6164 AYCOCK PLA	CE		
(Principal office address MUST BE A STREET ADDRESS)		PORT CHARLOTTE, FL. 33981			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6164 AYCOCK PLACE PORT CHARLOTTE, FL. 33981			
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:		ddress on our record	ls, <u>enter the na</u>	me of the new registere	
New Registered Office Address:	6164 AYCOCK	PLACE			
New Registered Office Address.		Enter Florida str	eet address		
	Port Charlotte,		Florida _	33981	
		City		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.

f Changing Registered Agent, Signature of New Registered Agent

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
			□ Add
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ective date, if other to n effective date is listed, the te: If the date inserted	e date must be specific in this block does no	and cannot be prior to ot meet the applica	o date of filing or more t	(optiona than 90 days after filit quirements, this da	no 1 Prinsipant to 605 020
cument's effective date	on the Department of	of State's records.	, ,		
cord specifies a delayer s filed.	l effective date, but	not an effective tin	n c , at 12:01 a.m. on th	ne earlier of: (b)	The 90th day after the
ted		2020			
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	· 1	[' ' ' - ' - ' ' ' - ' ' ' - ' -			
	Signature o	a member or author	ized representative of a	member	<u></u>

Filing Fee: \$25.00

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing: [Optional] [Optional
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	July 12
	O Cur
	Signature of a member of authorized representative of a member
	John ChuZ Typed or printed name of signee
	Turned or printed name of signers

Filing Fee: \$25.00