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L20000244213

Florida Department of State
Division of Corporations
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H23000277334 3

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : DIRECT SOLUTION SERVICES
Account Number : 1202300000083
Phone : (239)443-5846
Fax Number : (800)920-4857

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMEND/RESTATE/CORRECT OR MING RESIGN
QUALITY TRUST TEAM LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2023 JUN 24 AM 9:34

OFFICE OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

AUG 24 2023

K. Brumbley

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: QUALITY TRUST TEAM LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREISY VALDES

Name of Person

DIRECT SOLUTION SERVICES

Firm/Company

1248 VISCAYA PKWY

Address

CAPE CORAL FL 33990

City/State and Zip Code

INFO@DIRECTSOLUTIONSERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREISY VALDES

239
at ()

4435-846

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

QUALITY TRUST TEAM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/11/2020 and assigned
Florida document number L20000244213.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

QUALITY LIENS GROUP LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1248 VISCAYA PKWY UNIT 3

(Principal office address MUST BE A STREET ADDRESS)

CAPE CORAL, FL 33990

Enter new mailing address, if applicable:

1248 VISCAYA PKWY UNIT 3

(Mailing address MAY BE A POST OFFICE BOX)

CAPE CORAL, FL 33990

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

VALDES, YUSNIEL

New Registered Office Address:

1248 VISCAYA PKWY UNIT 3

Enter Florida street address

CAPE CORAL

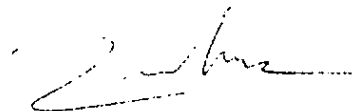
Florida 33990

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.



If 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	VALDES, GREISY	1248 VISCAYA PKWY UNIT 3	<input type="checkbox"/> Add
		CAPE CORAL, FL 33990	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	VALDES, YUSNIEL	1248 VISCAYA PKWY UNIT 3	<input type="checkbox"/> Add
		CAPE CORAL, FL 33990	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If 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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 09 2023

Signature of a member or authorized representative of a member

VALDES, YUSNIEL

Typed or printed name of signee

Filing Fee: \$25.00