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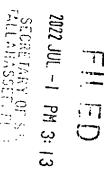
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### **COVER LETTER**

TO: Registration Sc Division of Cor			
SUBJECT: QUA	ty Control S	LYVICE LLC ited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	<u>Jesseka</u>	Sulrocis Name of Person	
	Quality Co	Firm/Company	LC
	440 SE 23R	DS+ Apt 13 Address	
	Fort Lauderd	ak, FL 33314 City/State and Zip Code	()
		to be used for future annual report n	
For further information of	oncerning this matter, please co	atl:	
Jesseka Su Name o	roris Person	at ( <u>954</u> ) <u>504</u> Area Code Dayt	- 3835 ime Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25,00 Filing Fee	S30.00 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

	OF FILE	* ;····.
(Name of the Limited Liability Comp. (A Florida Limited	2022 JUL - 1 PK any as it now appears on our records DE CRETARY OF Liability Company) TALLAHASSEE IT	3: <b>13</b>
The Articles of Organization for this Limited Liability Company	v were filed on <b>Nov</b> om <u>ber 25, 2000</u> and as	signed
Florida document number <u>L&amp;0000372417</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L	tc."
Enter new principal offices address, if applicable:	440 SE 23RD ST Apr 13	
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FC 3331	6
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1900 W. Darland P.K. BIVD # Fort Laurlerdole FL, 33310	-99 <del>2</del> 2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the ne	w registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	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 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
MOR	Jeffrey Arnuld	440 SE 23RDST API 13, FOR	Lauderdale FL-33314 
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cord specifies s filed.	a delayed effecti	ive date, but not a	n effective time	e, at 12:01 a.m. or	the earlier of: (	b) The 90th day	after the
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