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(City/State/Zip/Phone #)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Touched By Qua LLC (I need to amend my  
Name of Limited Liability Company (old name) LLC name.

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

Please return all correspondence concerning this matter to the following:

Quashay Darisaw  
Name of Person

DD Cleaning Services LLC (new name)  
Firm/Company

797 Teague Trail Apt. 11307  
Address  
Lady Lake  
ad ~~Leesburg~~ FL 32159  
City/State and Zip Code

quashad@yahoo.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Quashay Darisaw at (352) 272-4873  
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**

Touched By Qua 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 3/4/21 and assigned  
Florida document number NEW.

This amendment is submitted to amend the following:

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

QD cleaning Services 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:

(Principal office address MUST BE A STREET ADDRESS)

797 Teague Trail  
Apt. 11307  
Lady Lake FL 32159

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 492451  
Leesburg, FL 34749

**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:

New Registered Office Address:

Enter Florida street address

City, Florida 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**



[illegible]

**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.

Dated March 11, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**