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COVER LETTER

TO: Registration Division of C	n Section Corporations
Quality F	Power Electric, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corres	spondence concerning this matter to the following:
	Claudio A. Dobkevicius
	Name of Person
	Quality Power Electric, LLC
	Firm/Company
	6899 Viento Way
	Address
	Boca Raton/FL 33433
	City/State and Zip Code admin@qualitypower-electric.com
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
Claudio Dobkevicius	561 980-4230
Nam	at (
Enclosed is a check fo	or the following amount:
\$25.00 Filing Fee	E □ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Power Electric, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	my as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Clorida document number	were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		20 2:
		E T
		29
Enter new mailing address, if applicable:		200 m
Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	### 0
		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the </u>	name of the new regist
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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Hannah Jelinek	6899 Viento Way, Boca Raton, FL 33433	17 (4.1)
			⊠ Add
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Effective date, if other than	the data of filings		(optional)	
(If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and cannot be p is block does not meet the ap	plicable statutory filing red	ian 90 days after filing.) Pursuant t	o 605,0207 (3 e listed as th
ne record specifies a delayed effeord is filed.	ective date, but not an effective	ve time, at 12:01 a.m. on th	e earlier of: (b) The 90th day	after the
March 22	2023			
Dated	10-			
	105	-1		

Typed or printed name of signee