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C. BRUMBLEY FEB 2 4 2022

COVER LETTER

TO: Registration Division of	Section Corporations		
QUAL	ITY CONCRETE LLC		
SUBJECT:	Na	ame of Limited Liabi	lity Company
Dear Sir or Madam:			
The enclosed Statem	ent of Correction and fee(s) are	e submitted for filing	
Please return all corr	espondence concerning this m	atter to the following	
JOSE M RUBIO JR			
	Name of Person		
SERVITAX FINAN	ICIAL SERVICES		
	Firm/Company		
PO BOX 100			
	Address		
MASCOTTE, FLO	RIDA 34753		
	City/State and Zip Code		
JOSERUBIOJR@C			
E-mail address	: (to be used for future annual	report notification)	
For further informat	ion concerning this matter. ple	ase call:	
JOSE M RUBIO JE	t	352	429-2603
N	ame of Person	Area Code	Daytime Telephone Number
Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	k for the following amount:		
25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee.Certificate of Status &Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuan	t to section 605.0209, F.S., this document is being submitt	ed to correct a previously filed document.		
<u>FIRST</u> :	The name of the limited liability company is: QUALITY	District		
SECON THIRD	no Chirle	5 of ganization		
	(CHECK THE APPROPRIATE BOX AND COM			
	Contains an incorrect statement. The incorrect statement statement are as follows: CORRECT THE MISPELLING OF THE COMPANY: CO			
	QUALITY CONCRETE LLC			
0	OR Was defectively signed. The manner in which the docum as follows:	nent was defectively signed and the appropriate correction are		
		EB 5 E		
	<u>OR</u>	97 is 6		
	The electronic transmission of the record was defective.	7-10-20		
	Signature of Authorized Representative	7-10-22 Date		
New Re I hereb	ng the designation). Egistered Agent's Signature, if changing Registered Agent y accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perf- ions of my position as registered agent as provided for in to a change in the registered office address, I hereby confirm change.	ormance of my duties, and I am familiar with and accept the Chapter 605, F.S. Or, if this document is being filed to merely that the limited liability company has been notified in writing		
Registered Agent's Signature				
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)		