

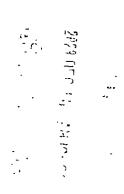
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500418935335

12/14/23--01016--022 **25.00



COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Qual	Name of Lim	Ing Earliner 7 B	ach Articles of Amendra
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Alessandro	godoy da Silva Name of Person	
	Quality	Remodeling Firm/Company	
	4300 ford	St Suite 110B	
	fort M.	1875 FC 3391 City/State and Zip Code	16
		a uality remodeli / tobb used for future annual report notific	
For further information cor	ncerning this matter, please ca	all:	
Messenden Name of I	Person	at (<u>239</u>) <u>823 - 79</u> Area Code Daytime	1 72 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)
<u>Mailing Address:</u> Registration So	ection	Street Address: Registration Sect	
Division of Co	rporations	Division of Corp	orations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

et, ng knichen and Bath, UC Liability Company as it now appears on our records.) Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/28/23 and assigned Florida document number <u>L22000391662</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Florida City

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
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			🗀 Remove
			□Change
			🗆 Add
		·	□Remove
			Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change

!	(A						<u> </u>			
				-				· -		
										
									·	
				_						
			<u> </u>		 -					
							· 		<u>.</u>	•
						-,-				
							·			
				-		_				
reffective (<u>te:</u> If the	date is listed, the date inserted i	han the date of e date must be specin this block doe on the Departme	citic and o es not me	cannot be pri eet the appl	or to date of t licable statu	filing or more		after filing.)		
cord spec s filed.	ifies a delayed	d effective date.	but not a	ın effective	time, at 12	:01 a.m. on	he earlier o	f: (b) The	90th day afte	r the
ed\	2/11/-	··	,	70?3		,				
_				(VV)	<u> </u>	esentative of				