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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

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Account Number : I20240000004

Phone : (775)329-7721 Fax Number : (775)376-9207

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: 67estebanmirabal@gmail.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STORM QUALITY SERVICES, LLC

Certificate of Status	0
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M. SOLOMON

JUN - 7 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STORM QUALITY SERVICES. (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 1 Florida document number L23000535166	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
The new name must be distinguishable and contain the words "Lamited Liability Company." the	designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	202.
Principal office address MUST BE A STREET ADDRESS)) - <u>C</u>
Enter new mailing address, if applicable:	7 ka Sector
Mailing address MAY BE A POST OFFICE BOX;	을 보고 있다.
3. If amending the registered agent and/or registered office address of egistered agent and/or the new registered office address here:	n our records, enter the name of the r
egonet eo agent anovot the new registered office audress here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flo	orda street uddress
	, 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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	Grisel Rodriguez Reyes	604 Antelope Lane	
		Kissimmee	☐ Remove
		FL 34759	☐ Change
			□ Remove
			Change:
			Add SS Remove
			D'Remove>
			☐ (Change)
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		N:
A 1.1.A		
E. Effective date, if other than the date of filing: N/A (option (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after find Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records.	ling.) Pursuant to (805.0207 (3)(b) isted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.i (b) The 90th day after the record is filed.	m. on the ear	rlier of:
Dated June 5 2024.		
Signature of a member or authorized representative of a member		
Esteban Mirabal		
Typed or printed name of signer		

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