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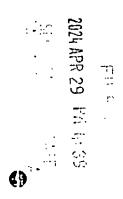
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor		*	
•	•	•	0
SUBJECT: Quality Co	nstruction Partners LLC	. •	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ruben E. Garcia		
		Name of Person	
	Quality Construction Partn	ers LLC	
		Firm/Company	
	746 bahama ave s		
		Address	
	Lehigh Acres, FL 33974		
	qcpartnersllc@gmail.com	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Ruben E. Garcia		at (239) 9106435	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
	_	T \$55 00 Filing Foo &	■ \$60.00 Filing Fee,
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address	<u>ss:</u>	Street Address:	
Pegistration		Registration Sec	rtion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Construction Partners LLC	
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil	led on 3/13/2024 and assigned
Florida document number L24000125355	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp.	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	2021
Enter new mailing address, if applicable:	2024 APR
(Mailing address MAY BE A POST OFFICE BOX)	: R 2
	w.
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new register
agent and/or the new registered office address here:	of the control of the
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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jose V. Vettaparambil	9822 w 34th In Hialeah,Fl 33018	\exists Add
			□ Remove
			□Change
			□ Add
			□Remove
			□ Change
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			☐ Change
			□ Remove
			□ Change

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Note	tive date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as timent's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d 4/24/2024 ,
	Signature of a member or authorized representative of a member
	organistic of a member of authorized representative of a member

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Filing Fee: \$25.00