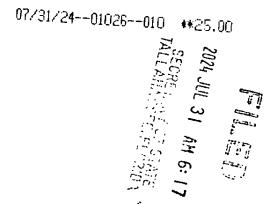


(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	wills	

Office Use Only





COVER LETTER

TO: Registration Se Division of Co			
	GROUP USA LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	VALENTTINA FERNAN	DES	
		Name of Person	
		Firm/Company	
	5375 NW 7TH ST APT 70	95	
		Address	
	MIAMI, FL 33126		
		City/State and Zip Code	
	valentinafr@gmail.com	to be used for future annual report n	notification)
For further information	concerning this matter, please c		ounceanon)
VALENTTINA FERNA	ANDES	786 450-1690 at ()	
Name	of Person	Area Code Day	time 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 Addre</u> Registration		Street Address Registration	-
Division of	Corporations	Division of C	Corporations
P.O. Box 63 Tallahassee,			of Tallahassee Proe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY GROUP USA LLC		
(Name of the Limited Liability Comp. (A Florida Limited	nny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Plorida document number <u>L24000155834</u> .	were filed on 04/01/20224	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabs	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
-		· 3
Enter new mailing address, if applicable:		5.00
Mailing address MAY BE A POST OFFICE BOX)		5A
Maning duaress MAT BEATOST OFFICE BOAT	•	
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ent	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	tress
		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>	<u>Address</u>	Type of Action
MGR	JOSE A, AGUILAR	209 W 65th st apt 204	
		HIALEAH, FL 331012	≡Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Remove
		<u></u>	Change
			□Add
			□Remove
			□Change

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