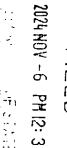
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Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

	legistration Se Division of Cor				
oun ir ca	rs	ITY QUALITY LLC			
SUBJECT	l:	Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please rett	ırn all correspo	ndence concerning this matter	to the following:		
		UNEDA P. GILBERT HIG	CKMAN		
			Name of Person		
		COMMUNITY QUALITY	Y LLC		
Firm/Company					
		1437 N. ATLANTIC AVE	E., UNIT 410		
			Address	*********	
		DAYTONA BEACH, FL	32118		
			City/State and Zip Code	···-	
		UPGH.Excel@outlook.com			
		E-mail address: (to be used for future annual report noti	fication)	
For further	r information c	oncerning this matter, please of	all:		
UNEDA I	P. GILBERT H	IICKMAN	689 267-5752		
	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed i	s a check for th	ne following amount:			
□ \$25.00	0 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)	
	1ailing Addres		Street Address:	ation	
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

COMMUNITY QUALITY LLC

2024 NOV -6 PM 12: 35

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number L24000256156 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

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.

Cirv

_____, Florida ___

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	KIRK E. GILBERT	857 Oak Forest Dr., The Villages, FL 32162	= Add
			□Remove
			□Change
AMBR	ARIANA GILBERT	4001 Myrtle Ave., Camden, NJ 08105	≣ Add
			□Remove
			Change
MGR	UNEDA P. GILBERT HICKMAN	1 1437 N. Atlantic Ave.	□Add
		Unit 410	□Remove
		Daytona Beach, FL 32118	Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			DChange
			🗆 Add
			□Remove
			□Change

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Iffective date, if other than the fan effective date is listed, the date many the late in this because it's effective date on the I	ist be specific and cannot be slock does not meet the a	applicable statutory	g or more than 90 days	optional) after filing.) Pursuant to 6 , this date will not be li	05.0207 (isted as tl
record specifies a delayed effecti d is filed.	ve date, but not an effec	tive time, at 12:01	a.m. on the earlier o	f: (b) The 90th day af	ier the
October 20 Dated	2024	······································			
Uneda I	Libert A	ikmor authorized represen	ntative of a member		
UNEDA P. GILBERT	HICKMAN				
		r printed name of sig	nee		

Filing Fee: \$25.00