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GUTANAS SELICORIDA

COVER LETTER

TO: Registration Section

Division of Cor	rporations		
ORF Home	Improvement LLC		
SUBJECT:	-	ited Liability Company	
	Name of thi	nteu Liaonny Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	William J Bailey		
		Name of Person	.
	QRF Home Improvement	LLC	
		Firm/Company	
	410 Davidson St. SE		
	-	Address	
	Palm Bay, FL. 32909		
		City/State and Zip Code	
	qrlhomeimprovement@outl		
	E-mail address: (to be used for future annual report not	incation)
For further information c	concerning this matter, please c	all:	
William J Bailey		321 831-5042	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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)
Mailing Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632	•	The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QRF Home Improvement LLC		
(Name of the Limited Liability Corr (A Florida Limite	npany as it now appears on our record ed Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compa	ny were filed on July 9, 2024	and assigned
Florida document number L24(000306460		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		
		24
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
B. If amending the registered agent and/or registered offic	e address on our records, <u>enter</u>	
agent and/or the new registered office address here:		
		¥m □
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	55
		orida
	Cuy	Zıp 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
MGR	William James Bailey	410 Davidson St. SE, Palm Bay FL, 32909	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Effective date (If an effective date Note: If the da document's effi	te inserted in	this block doe	s not meet	the applies	able statuto	ng or more th ry filing req	(opt an 90 days afte uirements, th	onal) r filing.) Pursuar is date will not	at to 605,0207 abe listed as t
ne record specific ord is filed.	rs a delayed e	ffective date. I	but not an e	effective ti	me. at 12:0	l a.m. on th	e carlier of: (i	n) The 90th d	ay after the
Dated	d		20	024					
	121	P	ALD .	,					
	7 - V.W.	~~~\	/ ~ y						
	<u> </u>	Signatu.	re old mem	her or autho	orized represi	entative of a r	nember		

Filing Fee: \$25.00