## 124000319131

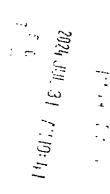
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## **COVER LETTER**

Tallahassee, FL 32314

	tegistration Se Division of Cor			,
end tee		TY SERVICES LLC		
SUBJEC"	l:	Name of Lim	ited Liability Company	
The enclo.	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ren	urn all correspo	ondence concerning this matter	to the following:	
		JAIME ROJAS GONZAL	EZ	
			Name of Person	
		RJ Quality	PERVICES LLC Firm/Company	
			гипи <b>сопра</b> пу	
		102 KATELYN COVE		
			Address	
		SARASOTA, FL 34237		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report n	otification)
For furthe	r information c	oncerning this matter, please c	all:	
JAIME R	OJAS GONZA	LEZ	941 600-2732	
	Name o	of Person	at () Area Code Dayt	ime Telephone Number
Endlosed:	is a check for th	he following amount:		
ip-\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Jailing Addres</u> Registration !		<u>Street Address:</u> Registration S	Section
I	Division of C	Corporations	Division of C	orporations
ŀ	P.O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJ QUALITY SERVICES LLC		
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) my)
The Articles of Organization for this Limited I Florida document number L24000319731	Liability Company were filed or	n 07/18/2024 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compan	y 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 appli	cable:	
Principal office address MUST BE A STRE.	ET ADDRESS)	
Enter new mailing address, if applicable:		2011 July 3
Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and/or	registered office address on o	ur records, enter the name of the new register
ngent and/or the new registered office addre	ess here:	_
Name of New Registered Agent:	JAIME ROJAS GONZALEZ	
New Registered Office Address:	102 KATELYN COVE	
	Enter	· Florida street address
	SARASOTA	. Florida <sup>34237</sup>

## 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.

City

If Changing Registeren Agent, Signature of New Registered Agent

Zip Code

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	JAIME GONZALEZ	102 KATELYN COVE	
		SARASOTA, FL 34237	≣Remove
			□ Change
AMBR	JAIME ROJAS GONZALEZ	102 KATELYN COVE	<b>=</b> Add
		SARASOTA, FL 34237	□Remove
			□ Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.								
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Filing Fee: \$25.00