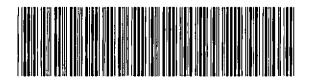
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(R	equestor's Name)	
(A	ddress)	
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PICK-UP	MAIT	MAIL
(Bi	usiness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	-
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COVER LETTER

TO: Registration S Division of Co		;			
QUALIT	Y RESIDENCES, LLC				
SUBJECT:	Name of Lim	nited Liability Company			
					2023 SEP
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		· _	933
Please return all corresp	oondence concerning this matter	to the following:		•••	19 PI
	David P. Fraser				PM 12: 20
		Name of Person	- -	,	20
	Holmes Fraser PA				
		Firm/Company			
	711 5th Ave S #200				
		Address			
	Naples FL 34120				
		City/State and Zip Code		,	
	dfraser@holmesfraser.com		-		
For further information	concerning this matter, please c	to be used for future annual report not	(Meanon)		
	concerning this maner, piease e				
David Fraser		239 228-7280 cm			
Name	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu	
Mailing Address Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FL	rporations l'allahassee pe Street, Suite 8	10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0023 SEC 19 PHI2: 2|

QUALITY RESIDENCES, LLC (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 11/15/2005 ____ and assigned Florida document number __M05000006309 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: Holmes Fraser, P.A. Name of New Registered Agent: 711 5th Ave S #200 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.

City

Laples

If Changing Registered Agent, Signature of New Registered Agent

_____. Fiorida 34102 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐Change
			023 □Add
			 ☐Remove
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Effective date, if other than the	date of filing:		<u> </u>	(0	ptional)	
If an effective date is listed, the date must <u>Note:</u> If the date inserted in this blo document's effective date on the De	be specific and car ock does not mee	imot be prior to d t the applicable	ate of filing or more estatutory filing	e than 90 days a	tter filmg.) Pur	suant to 605.0207 not be listed as
e record specifies a delayed effective rd is filed.	date, but not an	effective time	, at 12:01 a.m. of	i the earlier of	(h) The 90	th day after the
Dated September	Signature of a mer	7023	Mill	Ca mambar		
	Signature of a mer	mper of authoriz	eu representanve (и а пистист		

Filing Fee: \$25.00