

PI10000087813

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

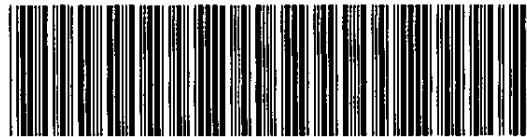
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200217357152

*Amend*

08/20/12--01018--013 \*\*8.75

01/09/12--01020--018 \*\*35.00

FILED  
2012 AUG 20 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

\*00789,00705,00672

*8/20/12*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 17, 2012

LaVonne Leslie  
LRJL Quality Enterprises, Inc.  
P.O. Box 90037  
Washington, DC 20090

SUBJECT: LRJL QUALITY ENTERPRISES, INC.  
Ref. Number: P11000087813

We have received your document for LRJL QUALITY ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 212A00001056

2012 AUG 20 PM 12:17

NOT RECORDED  
TO AGENCY OF FILING  
SUFFICIENCY OF FILING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** LRJL Quality Enterprises, Inc.  
**DOCUMENT NUMBER:** P11000087813

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lavonne Leslie  
Name of Contact Person  
LRJL Quality Enterprises, Inc.  
Firm/ Company  
6215 42nd Ave  
Address  
Hyattsville, MD 20781  
City/ State and Zip Code  
lavonne.leslie@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lavonne Leslie at ( 202 ) 997-5938  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

<input checked="" type="checkbox"/> \$35 Filing Fee <i>see attached letter; fee already paid</i>	<input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) <i>\$ 8.75</i>	<input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
---	--	---	--

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation  
of

LRS Quality Enterprises, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

P11000087813  
(Document Number of Corporation (if known))

**FILED**  
2012 AUG 20 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ The new  
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation  
"Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the  
word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

60215 42nd Ave  
Nyrttsville, MD 20781

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the  
new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change

☒ Add

☐ Remove

D      Terry Dodson

14663 Endsley Turn  
Woodbridge, VA  
22193

2) ☒ Change

☒ Add

☐ Remove

CEO      Christina Roberts

6215 42nd Ave  
Hyattsville, MD  
20781

3) ☒ Change

☐ Add

☐ Remove

C      Lalonne Leslie

807 F. St. NE  
Washington, DC  
20002

4) ☐ Change

☒ Add

☐ Remove

T      Angela Jackson

6215 42nd Ave  
Hyattsville, MD  
20781

5) ☐ Change

☐ Add

☐ Remove

\_\_\_\_\_

\_\_\_\_\_

6) ☐ Change

☐ Add

☐ Remove

\_\_\_\_\_

\_\_\_\_\_

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: 8/10/12

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 8/13/12

Signature Lavonne Leslie  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Lavonne Leslie  
(Typed or printed name of person signing)

President / C  
(Title of person signing)