audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

S:: --2

Account Name

: TAP SOLUTIONS INC

Account Number : I20210000103

Phone

: (786)615-3057

Fax Number

: (786)615-3058

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@ tapsolution.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

QUALITY ENTERPRISES SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY ENTERPRISES (Name of the Limited Liability (A Florida L	SERVICES LLC Company as it now somes imited Liability Company)	rs an our records.)		
The Articles of Organization for this Limited Liability Con			and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company h	nere:		~ ⊃
AND THE PROPERTY OF THE PROPER			2-61	<u> </u>
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC" or the	e abbreviation "L.L.C." کیا ج	S
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE			77 TO STORY	P -2 AIT
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			25	- - -
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, enter the n	ame of the new regi	stered
Name of New Registered Agent:				 -
New Registered Office Address:	Enter F	Torida street address		
		, Florida	·	
	City		Zip 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.

Change

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			🗀 Remove
			□Remove
			□ Change
			□ Add Si
	•		□ Remove
			□Change
			□Remove
			□ Change
			DAdd
			□Remove
			□ Change
			□Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if nec	essury.,
	10
	201. (A. F.)
	-
	F 8
	<u> </u>
Effective date, if other than the date of filing: (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days affective date inserted in this block does not meet the applicable statutory filing requirements, to document's effective date on the Department of State's records.	tional) ter filing.) Pursuant to 605.0207 his date will not be listed as
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ord is filed.	(b) The 90th day after the
Dated SEPTEMBER 02 2022	
Signature of a member or authorized representative of a member	
ENRIQUE LOPEZ	