## 

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	<del>(</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	9)
(Do	cument Number)	
Certified Copies	Certificates_c	of Status
Special Instructions to	Filling Officer:	
		1
		3214
<u> </u>	Office Use Only	



03/15/06--01026--013 \*\*30.00



## COVER LETTER

· ·
COVER LETTER
Registration Section Division of Corporations  Pevidot Home remadeling and Bofing Svos (New Your Name of Limited Liability Company)  LL rame
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Peridot Home Romodeling and Roofing Svcs. (Preser ram. (Firm/Company)
For further information concerning this matter, please call:    Cold   C
Enclosed is a check for the following amount:  \$\int_{\text{S25.00 Filing Fee}} \text{\$\text{\$\subset}} \text{\$\text{\$\text{S30.00 Filing Fee} & Certificate of Status} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{certified Copy (additional copy is enclosed)}}}} \$\text{\$\te

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peridot Home Remodeling and Roxfing SVal. (
Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 3-7-06 and assigned document number 0600023507			
SECOND:	: This amendment is submitted to amend the following:			
	Please change my company from			
	Peridot Home Remodeling and Rom	Eiro S	, SVOS	. الط
	to 0	1		
	QT Home Remodeling and Roofing S	Sikis.	<u>_</u> _	ے۔
	otherwise, everything else stay	the	<b>,</b>	
	same. Plagse contact me if u	ou		
	have any questions. 200 459 50	375		· - · -
			-	- —
			06 MAR	<u>.</u>
_			P	
Dated 3	-14-Ne	•1*	15 PH12: 1	
	•	S	PH [	
	Sur stom		?: In	
	Signature of a member or authorized representative of a member	•		
	Thust Qui			
	Typed or printed name of signee	,		

Filing Fee: \$25.00