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T. HAMPTON

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT: Qua	antrill Builders, l	LC	
SUBJECT:		ited Liability Company	
The evoluted Amiole	a of A mandar and and for (a) are suit	and the different control of the con	
	s of Amendment and fee(s) are sub	J	
Please return all corre	espondence concerning this matter	to the following:	
	David A. We	ebster	
		Name of Person	
	Webster & F	Partners, P.L.	
		Firm/Company	
	450 N Wym	ore Road	
		Address	· · · · · · · · · · · · · · · · · · ·
	Winter Park	, FL 32879	
		City/State and Zip Code	
	dmuckunlall@wp	plawyers.com to be used for future annual report notile	(ication)
For further information	on concerning this matter, please c		meation)
	<u> </u>		
Doreen M	1cKee	<sub>at (</sub> 407 <sub>)</sub> 691-0	
Na	me of Person	Area Code Daytime	e Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fee	e \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### 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



Doreen K. McKee

Paralegal

E-mail: dmckee@wplawyers.com

10 February 2014

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

Re: Kenpat USA Multi Family Construction, LLC

To whom it may concern:

Please find enclosed this firm's Check Number 5638 in the amount of \$25.00 representing payment for the filing of the enclosed Articles of Amendment.

Please feel free to contact our office should you have any questions.

Sincerely,

Doreen McKee

Paralegal

**Enclosures** 

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quantrili Builders, LLC		
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Compan	vears on our records.) y)
The Articles of Organization for this Limited L Florida document number <u>L1200000682</u>	iability Company were filed on	January 3, 2012 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name (	of the limited liability company	here:
Kenpat USA Multi Family Construction	on, LLC	•
The new name must be distinguishable and end with the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	-1 <b>2</b>
(Principal office address MUST BE A STREI	ET ADDRESS)	7014 ACE CO
		AH SS 18
Enter new mailing address, if applicable:		Y or T
(Mailing address MAY BE A POST OFFICE	BOX)	الم الم
		2. <b>5</b>
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the no
Name of New Registered Agent:	W&P Services, Inc.	
New Registered Office Address:	450 N Wymore Road	
	Enter i	Florida street address
	Winter Park	, Florida 32789
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager '

AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Add
			□ Remove
			TALLES PAdd
		-	HASSE ORemove
			SECRETARY OF SHATE Add
			Add □ Remove
<del></del>			Add
			□ Remove
			Add
			☐ Remove

•	If amen	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
		•
	_	
	The effect	ve date, if other than the date of filing: FEBRUARY 21, 2014 (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
	Dated _	10 Fal . 14.
		Signature of a member or authorized representative of a member
		Signature of a member of authorized representative of a member
		Typed or printed name of signee

Page 3 of 3

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