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2014 JAN -6 PH 2: 01
SECRETARY OF STATE
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K.SALY EXAMINER JAN 13 2014

COVER LETTER

TO: Registration Section Division of Corporation		v	
SUBJECT:	Quality Trim a Name of Limited	end Stair UC. History	
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Grego	ny L. Roberts Name of Person	
	Qvalit	Name of Person Y Trim and Stair Firm/Company Navarre Parkway Address	uc
	Navari	City/State and Zip Code Tim and Stair 1 c @ apple to used for future annual report notifically	
-	gvality t	orm and stair Ica a	mail. com
For further information conc	erning this matter, please cal	1:	
Gregory Ro Name of Pe	berts erson	at (715) 904 - 02 Area Code & Daytime Te	2_O lephone Number
Enclosed is a check for the f	ollowing amount:		
	□\$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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

FILED
2014 JAN-6 PM 2:01
IALLAHASSEE, FLORIBA

Quality Trim and Stair LLC

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	SEE, FLOR
The Articles of Organization for this Limited Liability Compan	y were filed on Apr. (8, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LL	C" or the abbreviation
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 or registered agent and/or the new registered office address he	· ·	e name of the new
Name of New Registered Agent		

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

New Registered Office Address:

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 695, 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

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Address Title Name** MGRM Beverly D. Roberts 7726 Navarre Parkway Apt. 719 X Add
Navarre, FL 32566 Remo Remove Remove Remove

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
: _	
E. Effective	e date, if other than the date of filing: (optional)
If an effect	ive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b
Dated	January 1, 2014
	Ludos & wasen &
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00