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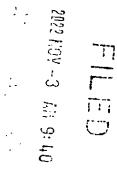
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COVER LETTER

Tallahassee, FL 32314

	Registration S Division of Co			
SUBJEC	Quality Re	enovations, L.L.C.		
SUBJEC	.1:	Name of Lin	ited Liability Company	·
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Pedro Enriquez		
			Name of Person	
		Quality Renovations, L.L.	C.	
			Firm/Company	
		7215 6th Street		
			Address	
		Vero Beach, FL 32968		
Por further information concer Teresa Enriquez Name of Person		City/State and Zip Code		
		teresaenriquez@bellsouth.n	to be used for future annual report no	(ification)
For furth	er information	concerning this matter, please c		
Teresa E	inriquez		404 444-7278	
	Name	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed	l is a check for	the following amount:		
□ \$25.	00 Filing Fee	☐ \$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 Addre Registration		Street Address: Registration Se	ection
	Division of 0	Corporations	Division of Co	rporations
	P.O. Box 63	<i>21</i>	The Centre of	i ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quality Renovations, L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 9, 2013 ____ and assigned Florida document number L13000142307 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EZ N Handy, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐Change
			□Remove
			□ Change
			□Add
		<u></u>	Remove
•.			Remove
			□Remove
			□Change
			□Remove
			[☐Change

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fective date, if other than the date of filing:	:กร ภากว
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li	isted as
current's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	rlier of
The 90th day after the record is filed.	
ted	
Ship of States	
Signature of a member of a member	
Teresa Enriquez	

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