L14000011630

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SECRETARY OF STATE
ALLAHASSEE, FI OPIGE

D. BRUCE MAY 12 2017

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	Baker Home	e Preservation LLC		
SUBJEC1:				
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	•
		Quinton Baker		
			Name of Person	
			Firm/Company	
		14714 Sherrod Croft Ln		
			Address	
		Dade City FL 33525		
		baker.quin@gmail.com	City/State and Zip Code	20 TALL
For further ir	nformation co	E-mail address: (oncerning this matter, please ca	to be used for future annual report notification	T MAY CRETA
Quinton Bak	er		813 898-3027 at ()	SS Y = F
	Name of	Person	Area Code Daytime Telepi	ORA F.
Enclosed is a	check for the	e following amount:		, 2 CO
□ \$25.00 F	iling 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 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

(Name of the Limi	ted Liability Comp	any as it now appears on our records.) Liability Company)	
	(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited L	iability Compan	y were filed on <u>01/22/2014</u>	and assigned
Florida document number L14000011630			
This amendment is submitted to amend the following	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited lia	bility company here:	
QB Construction LLC			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	4/4	
(Principal office address MUST BE A STRE)		-	
Enter new mailing address, if applicable:		NA	
(Mailing address MAY BE A POST OFFICE	BOX)		
		agents.	
B. If amending the registered agent and			Ac 2
B. If amending the registered agent and	or registered of	office address on our records, <u>e</u>	٠٠٠٠ حـــــ
registered agent and/or the new registered o	mee address ne	<u>re</u> :	HAN H
Name of New Registered Agent:	7/2		A A A A A A A A A A A A A A A A A A A
New Registered Office Address:			E D M
A TANK A		Enter Florida street address	ZA F.
	_	, Florid	DD 45
		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 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 **Title** <u>Name</u> **Address Type of Action** _□ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove Change Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

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ective date, if oth	er than the date	of filing:		0.51;	(0]	ptional)		05.030
effective date is listed	d, the date must be spo ted in this block do	es not meet the	ne prior to dat annlicable s	e of flung or mo tatutory filing	re inan 90 days a requirements.	this date wi	ursuant to o	isted a
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	Signat	ure of a member	or authorized	representative	of a member			

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Filing Fee: \$25.00