Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	_

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BACK HOME QUALITY SALES & LIQUIDATIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	07
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Corporate Filing Menu

Help

T. LEMIEUX

JAN 19 2024

### **COVER LETTER**

TO: Registration S Division of Co								
	OME QUALITY SALES & LIQUIDATIONS LLC							
SUBJECT: Name of Limited Liability Company								
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:								
	Cheyenne Moseley							
	Name of Person							
	Legalzoom.com, Inc.							
	Firm/Company							
	101 N Brand Blvd 11th Fl							
	Address							
	Glendale, CA 91203							
	City/State and Zip Code							
	backhomequality@gmail.com							
	E-mail address: (to be used for future annual report notification)							
For further information of	concerning this matter, please call:							
Cheyenne Moseley	800 773-0888							
Name (	at () of Person Area Code Daytime Telephone Number							
Enclosed is a check for t	the following amount:							
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status  Certified Copy Certified Copy (additional copy is enclosed)  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

#### From: Laura Rodriguez

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BACK HOME QUALITY SALES & LIQ	•	
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.)  orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number 1.19000102677	y Company were filed on 04/15/2019	and assigned
This amendment is submitted to amend the following	<u>r</u> .	
A. If amending name, enter the new name of the l	limited liability company here:	
BACK HOME QUALITY LLC		
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
		· <del>- · · · · · · · · · · · · · · · · · ·</del>
Enter new mailing address, if applicable:	A-1	
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ster the name of the na
Name of New Registered Agent:		25 00 I
New Registered Office Address:		
	Enter Florida street address	II: 07
	Florida	· ————
	Cuy	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, E.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>	Name	Address	Type of Action		
			☐ Remove		
		<u> </u>	☐ Change		
		<del></del>			
			☐ Remove		
			☐ Change		
			☐ Remove		
			Change		
			□ Remove		
			☐ Change		
			☐ Remove		
			Change		
			□ Remove		
			☐ Change		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00