## P0000064128

(R	equestor's Name)	
/ (A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	<u> </u>
(D	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	





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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2015

Eamon Toner Living Earth Remodelers 1119 B South 21 Ave. Hollywood, FL 33020

SUBJECT: LIVING EARTH REMODELER'S INC.

Ref. Number: P00000064128

We have received your document for LIVING EARTH REMODELER'S INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P13000091651.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 515A00013524

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<u>COVER LETTER</u>
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: LIVING EARTH REMODELEK INC.
DOCUMENT NUMBER: P0000064128
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EAMON TONER  Name of Contact Person  LIVING FARTH REMODELERS DRA SCLAR QUESTUSA FAC.
Name of Contact Person
LIVING FARTH REMODELERS DRA SCLAR BUESTUSH FIRM COMPANY
1119 B SOUTH ZI AVE
Audress
Holly State and Zip Code
City/ State and Zip Code
eamon @ le remodelers.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EAMON TONER at (305) 333 4818
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is Certified Copy  Certified Copy (Additional copy is Certified Copy
enclosed) (Additional Copy
is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations  P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

June 26, 2015

Attn: Annette Ramsey

Please find Articles of Amendment with DBA removed.

Also I am the original owner of Solar Quest USA Inc., Doc#P13000091651.

I do hereby release the name Solar Quest USA Inc. for the name change here requested for Living Earth Remodelers, Inc.

Man Men EAMON TONER

15 JUN 30 AM 8: 18

Attn Annette Ramsey Please Find Articles of Amendment with D. B. A Removel. Also I am the original owner of Solarquest us & Fre, Doc # P13000091651 I do hereby release the name Solar Questus a Fre For the name change here requested for Living Earth Kemodeler INC.

## Articles of Amendment to Articles of Incorporation

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of		FILE	ED .
Living Earth Romodolar  (Name of Corporation as currently filed with the F	lorida Dept. of State)	<u> 2015 JUN 30</u>	PM 3:53
B000000 64128		FUR LINE	OF STATE F. FLUBIDA
(Document Number of Corporation (i	f known)	i i	in the second
Pursuant to the provisions of section 607.1006, Florida Statutes, this Incorporation:	corporation adopts the follo	wing amendment(s)	) to its Articles of
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation"	Co". A professional corpor	orated" or the ab	The new breviation ontain the
B. Enter new principal office address, if applicable:	2208 N. 3	OAUL	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Hollywood	FL 3303	O.
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del></del> .		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		me of the	
Name of New Registered Agent Some			
		_	
(Florida s	treet address)	<del>-</del>	
New Registered Office Address:	, Florid	a	
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		ns of the position.	
	•	-	
Signature of New Registered	Agent, if changing	_	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<del></del>		
Add			
Remove			<del></del>
2) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
3 ) Change	<u> </u>		
Add			<del> </del>
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change		<u> </u>	
Add			
Remove			<del> </del>
6) Change			
6) Change			
Add			
Remove			

Attach additional sheets, if no	itional Articles, ente eccessary). (Be spec	cific)			
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f an amendment provides f provisions for implementin	ig the amendment if	lassification, or cand	cellation of issued she amendment itself:	<u>iares,</u>	
(if not applicable, indica	ate N/A)				
<del> </del>					
<del></del>					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	1
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.  Dated 5/1/15	
Signaturemer	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed fluddiary by that fluddiary)	
EAMON TONER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>