## P04000133460

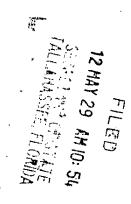
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	ION: QUALIT	Y HOME REP	AIRS NMB INC
DOCUMENT NUMBER	: P04000	133460	HRS NMB INC
The enclosed Articles of A	mendment and fee are sub	mitted for filing.	
Please return all correspon	dence concerning this matt	er to the following:	
A	Sender	Name of Contact Person	
	QUALITY	HOME REPA	ars nob inc
	450 NE	17857 Address	
	N. MIAMI	City/ State and Zip Code	
	E-mail address: (to be use	BCLSOUT/J.  ed for future annual report	NET notification)
For further information co	ncerning this matter, please	call:	
SENDO Name of C	C HAGAN ontact Person	at ( <u>786</u> Area Coo	) 797 2797 le & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	ayable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept.	of State)	
QUALITY HOME REPAIR	S NMB INC.		
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this <i>Florida Prof</i>	fit Corporation adopts the following amendment(s)	to
A. If amending name, enter the new name of the	corporation:		
QUALITY FLORIDA C	ONSTRUCTION.	REMODEL/NG INThe new	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	ord "corporation," "compar p," "Inc," or "Co". A pro	ny," or "incorporated" or the abbreviation	
B. Enter new principal office address, if applicable	<u></u>		
(Principal office address <u>MUST BE A STREET AD</u>	ODRESS )	48°°°	
		7	
C. Enter new mailing address, if applicable:	AV.		
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u> </u>	7. 7.	
	· · · · · · · · · · · · · · · · · · ·	FILED ANI	
D. If amending the registered agent and/or regist	ered office address in Floric	da, enter the name of the	
new registered agent and/or the new registered		-	
Name of New Registered Agent			
<u></u>	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Re	egistored Agent		
I hereby accept the appointment as registered agent.	. I am familiar with and acco	ept the obligations of the position.	
Signature of 1	New Registered Agent, if char	nging	

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)

Evenuelas

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.

X Change	<u>PT</u>	John I	<u>Doe</u>		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally 5	<u>Smith</u>		
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove	MG	R	MATIAS, JAYSEN	131 NE 40TH CT #209 OAKLAND PARK FL 33334	
2) Change Add Remove					
3 ) Change Add Remove		<del></del>			
4) Change Add Remove			. <u></u>		
5) Change Add Remove					
6) Change Add Remove		<del></del>	<del> </del>		

attach additional sheets, if ne	cessary).	es, enter change (Be specific)	<del></del>		
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If an amendment provides for provisions for implementing (if not applicable, indica	g the amend	ge, reclassifica ment if not con	ion, or cancella ained in the am	tion of issued sha endment itself:	ires,
	y				

The date of each amendment(s) adoption: MAY 22, 2012
Effective date if applicable:  (no more than 90 days after amendment file date)
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (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 May 22 2012
Signature Sender Lagan
(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)
SENDER HAGAN (Typed or printed name of person signing)
(Typed or printed name of person signing)
PRESIDENT DP
(Title of person signing)