

L04 000017503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

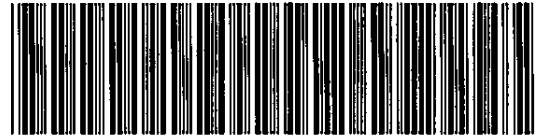
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

MAY 27 2014
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Quercus LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessica McBath

Name of Person

Quercus LLC

Firm/Company

4495 Military Trail, Suite 110

Address

Jupiter, FL 33458

City/State and Zip Code

contact@trustintl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Molnar

Name of Person

at **(561) 540-4043**

Area Code

Daytime Telephone Number

Enclosed 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 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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Quercus LLC

(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 March 5, 2004 and assigned Florida document number L04000017503.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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)

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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:

James Molnar

New Registered Office Address:

4495 Military Trail, Suite 110

Enter Florida street address

Jupiter

City

, Florida 33458

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	<u>James Molnar</u>	<u>4495 Military Trail</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 110</u>	<input type="checkbox"/> Remove
		<u>Jupiter, FL 33458</u>	
MGRM	<u>James Molnar</u>	<u>501 S Flagler Dr</u>	<input type="checkbox"/> Add
		<u>Suite 300</u>	<input checked="" type="checkbox"/> Remove
		<u>West Palm Beach, FL 33401</u>	
MGR	<u>Alan Sullivan</u>	<u>4495 Military Trail</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 110</u>	<input type="checkbox"/> Remove
		<u>Jupiter, FL 33458</u>	
MGR	<u>Alan Sullivan</u>	<u>501 S Flagler Dr</u>	<input type="checkbox"/> Add
		<u>Suite 300</u>	<input checked="" type="checkbox"/> Remove
		<u>West Palm Beach, FL 33401</u>	
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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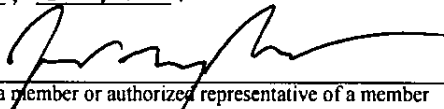
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: May 19, 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 13, 2014



Signature of a member or authorized representative of a member

James Molnar

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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