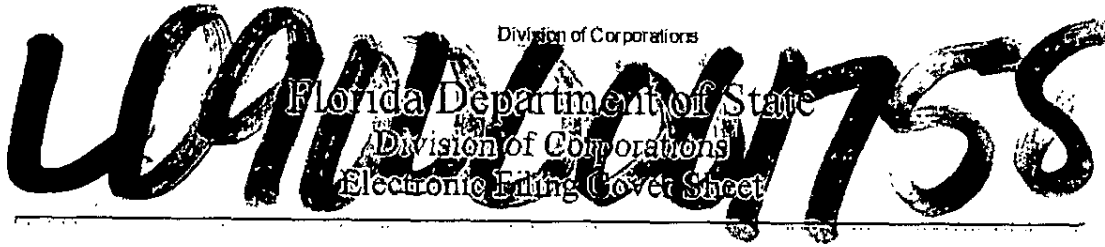


\* 3/24/2015



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.

(((H15000073589 3)))



H150000735893ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC  
 Account Number : 12000000146  
 Phone : (305)444-4994  
 Fax Number : (305)444-4977

2015 MAR 24 PM 3:02  
 FILED  
 CLERK OF STATE  
 TALLAHASSEE FLORIDA

\*\*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  
 QUINAN BROS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

EFFECTIVE DATE 03/24/15

MAR 25 2015

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

QUINAN BROS 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 01/09/2009 and assigned Florida document number L09000001758

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 and 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_ Florida \_\_\_\_\_

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

FILED  
2015 MAR 24 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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>
MGR	NILDETE DE SOUSA SILVA QUINAN	1055 N.W 21 CT	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33125	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2015 MAR 24 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

EFFECTIVE DATE 03/24/15

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

---



---



---



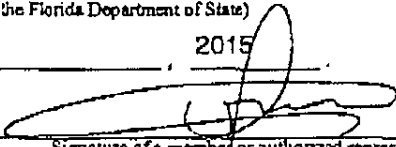
---



---

E. Effective date, if other than the date of filing: 03/24/2015 (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 MARCH 24 2015



Signature of a member or authorized representative of a member

**PETER QUINAN**

Typed or printed name of signer

2015 MAR 24 PM 3:02  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
**FILED**