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SECRETARY OF STATE

C. LEWIS

MAY 3 1 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	TA Hold Name of Lin	mited Mability Company	<u></u>
The en	nclosed Articles of Amendment and fee(s) are s	ubmitted for filing.	
Please	e return all correspondence concerning this matt	er to the following:	
		Alvaro Ortega	
	<u>J</u>	Name of Person, Ca Holdby, LC (Firm/Company	
	82	.08 Nw 30th Terr	au
	aluaro- or	Address Hian: FL 33 City/State and Zip Code tega O at lastic-be a city be used for future annual report notification.	aring. (SM
For fur	orther information concerning this matter, please		
	Alvaro Dytega Name of Person	at (305) 572 40 Area Code & Daytime Te	lephone Number
\ /	sed is a check for the following amount: 5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 MAY 27 PM # 46

IQ	Holdings	LCC	SECRETARY OF STATE
(<u>Name of the Limited L</u> (A F	ability Company as it n forida Limited Liability (iow appears on o Company)	SECRETARY OF STATE ur records ALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liab	oility Company were file	ed on <u>Harc</u>	24, 7069 and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the			
The new name must be distinguishable and end with t	sincering "	Group 1	LLC
The new name must be distinguishable and end with t "L.L.C."	Re words "Limited Liabi	ility Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:			A STATE OF THE STA
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		iress on our re	cords, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Flo	orida street address
			, Florida Zip Code
	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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action ☐ Add Remove Remove zds ☐ Add Remove ∏ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 23th Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00