

L15000018777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

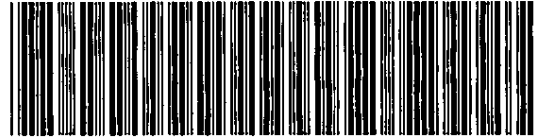
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/12/15--01027--016 \*\*25.00

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TALLAHASSEE FLORIDA

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APR 14 2015  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 31, 2015

SHERRI PATTILLO  
4035 W 1ST STREET  
SANFORD, FL 32771

SUBJECT: CATALYST QLM LLC  
Ref. Number: L15000018777

We have received your document for CATALYST QLM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 715A00006359

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Catalyst QLM 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:

**Sherri Pattillo**

Name of Person

**Catalyst QLM LLC**

Firm/Company

**4035 W 1st Street**

Address

**Sanford, FL 32771**

City/State and Zip Code

**spattillo@catalystqlm.com**

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

For further information concerning this matter, please call:

**Sherri Pattillo**

Name of Person

**407**

at ( )

Area Code

**936-3666**

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

**FILED**  
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 TALLAHASSEE, FLORIDA

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

Catalyst QLM 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 01/30/15 and assigned Florida document number 45000018777.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Catalyst QLM LLC  
P.O. Box 470400  
Lake Monroe, FL 32747

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TALLAHASSEE FLORIDA

**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

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	Teeled Oak Holdings LLC	200 TRANS AIR DRIVE	<input type="checkbox"/> Add
		SUITE 1000	<input checked="" type="checkbox"/> Remove
		MORRISVILLE, NC 27560	
MGR	Peeled Oak Holdings LLC	200 TRANS AIR DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 1000	<input type="checkbox"/> Remove
		MORRISVILLE, NC 27560	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 CLERK OF SUPERIOR COURT  
 HILLSBOROUGH COUNTY  
 HILLSBOROUGH, FLORIDA

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

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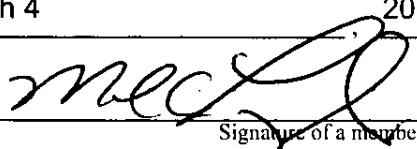
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 4 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Mark A Lang Sr  
\_\_\_\_\_  
Typed or printed name of signee

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2015 MAR 19 PM 3:38  
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TALLAHASSEE FLORIDA