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| (Req                      | uestor's Name)                        |           |
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| (Bus                      | iness Entity Nan                      | ne)       |
| ,                         |                                       |           |
| (Doc                      | ument Number)                         |           |
|                           |                                       |           |
| Certified Copies          | Certificates                          | of Status |
|                           |                                       |           |
|                           | · · · · · · · · · · · · · · · · · · · |           |
| Special Instructions to F | iling Officer:                        | ·         |
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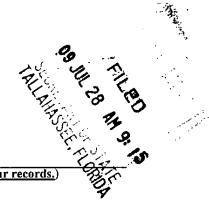
EXAMINER

## **COVER LETTER**

Registration Section

| Division of C   | Corporations                           |   |  |  |
|---|--|---|--|--|
| SUBJECT:  | Q                                      | orval, LLC                                    |  |  |
|   |  | ited Liability Company                        | <del></del>  |  |
| The enclosed Articles                                       | of Amendment and fee(s) are su         | bmitted for filing.                           |  |  |
| Please return all corre                                     | spondence concerning this matte        | r to the following:                           | ä  |  |
|   |  |   | 1 P.L. A. S. S. FLORIS IN S. 19                                      |  |
|   | James R. Malone                        |   |  |  |
|   |  | Name of Person                                |  |  |
|   | Qorval, LLC                            |   |  |  |
|   | Firm/Company                           |   |  |  |
|   | 2210 Vanderbilt Beach Road, Suite 1206 |   |  |  |
| Address   |  |   |  |  |
|   |  | Naples, FL 34109                              |  |  |
|   |  | City/State and Zip Code                       | <del>, ,</del>   |  |
|   |  | jlevy@qorval.com                              |  |  |
|   |  | to be used for future annual report notificat | ion)   |  |
| For further informatio                                      | n concerning this matter, please       | call:   |  |  |
|   | Judy M. Levy                           | at ( 239 ) 43                                 | 80-0303  |  |
| Nam   | e of Person                            | Area Code & Daytime To                        | elephone Number  |  |
| Enclosed is a check fo                                      | r the following amount:                |   |  |  |
| \$25.00 Filing Fee  | \$30.00 Filing Fee &                   | \$55.00 Filing Fee &                          | \$60.00 Filing Fee,  |  |
| [_] +===== = = ===  | Certificate of Status                  | Certified Copy (additional copy is enclosed)  | Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| MA  | ILING ADDRESS:                         | STREET/COURIER                                | ADDRESS:   |  |
| Registration Section Division of Corporations P.O. Box 6327 |  | Registration Section                          |  |  |
|   |  | Division of Corporation Clifton Building      |  |  |
| Tall  | ahassee, FL 32314                      | 2661 Executive Cente<br>Tallahassee, FL 3230  |  |  |

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



Qorval, 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 I                                       | Liability Company were filed on        | June 12, 2003                         | and assigned             |  |
|---|--|---------------------------------------|--------------------------|--|
| Florida document numberL0300002   |  |                                       |                          |  |
| Γhis amendment is submitted to amend the fol  | lowing:                                |                                       |                          |  |
| A. If amending name, enter the new name   | of the limited liability company l     | <u>ere</u> :                          |                          |  |
| The new name must be distinguishable and end w 'L.L.C."                               | ith the words "Limited Liability Con   | npany," the designation "             | LLC" or the abbreviation |  |
| Enter new principal offices address, if appli   | cable:                                 |                                       |                          |  |
| Principal office address MUST BE A STRE   | ET ADDRESS)                            |                                       |                          |  |
|   | <del></del>                            |                                       |                          |  |
| Enter new mailing address, if applicable:   |  |                                       |                          |  |
| Mailing address MAY BE A POST OFFICE  | S BOX)                                 |                                       |                          |  |
|   |  |                                       |                          |  |
| B. If amending the registered agent and registered agent and/or the new registered of | •                                      | our records, <u>enter</u>             | the name of the new      |  |
| Name of New Registered Agent:   | Judy M. Levy                           | · · · · · · · · · · · · · · · · · · · |                          |  |
| New Registered Office Address:  | 2210 Vanderbilt Beach Road, Suite 1206 |                                       |                          |  |
|   | Enter Florida street address           |                                       |                          |  |
|   | Naples                                 | , Florida                             | 34109                    |  |
|   | City                                   |                                       | Zip Code                 |  |

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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR = Ma<br>MGRM = N | inager<br>Managing Member  |   |                |
|----------------------|----------------------------|---|----------------|
| <u>Title</u>         | <u>Name</u>                | <u>Address</u>  | Type of Action |
|                      |                            |   | Add Remove     |
|                      |                            |   | Add Remove     |
|                      |                            |   | Add<br>Remove  |
|                      |                            |   | Add<br>Remove  |
|                      |                            |   | Add<br>Remove  |
| <del></del>          |                            |   | AddRemove      |
| D. If amend          | ding any other information | n, enter change(s) here: (Attach additional sheets, if necess | ary.)          |
|                      |                            |   |                |
| <br><br>Dated        | July 21                    | . 2009  |                |
| <i></i>              |                            | Dann Kalalun  |                |
|                      | Signati                    | are of a member or authorized representative of a member      | <del></del>    |
|                      |                            | James R. Malone Typed or printed name of signee               |                |

Page 2 of 2

Filing Fee: \$25.00