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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.

Account Number : 104076000124 Phone : (305)476-7100 Fax Number : (305)476-7102

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: abazo@rascoklock.com

SCORE LARY OF STATE ALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUALITAS ASSISTANCE, L.L.C.

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S. PRATHER

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Corporate Filing Menu

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COVER LETTER

	tegistration Sec Division of Corp					
SUBJEC"	QUALITAS	ASSISTANCE, LLC	•			
SUBJEC	!:	Name of I	Limited Liability C	ompany .		· · · · · · · · · · · · · · · · · · ·
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			•	,		
The enclo	sed Articles of a	Amendment and fee(s) are:	submitted for fili	ng.		
Please ret	orn all con espoi	idence concerning this mat	ter to the followi	ng:	•	•
		ANDRES BAZO				
		ANDRES DAZO			,	
•		•	Name o	f Person		•
		RASCO KLOCK PERI	Z & NIETO	•		
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITAS ASSISTANCE, LLC	, ••	
(Name of the Line	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	TALE
The Articles of Organization for this Limited L	iability Company were filed on 07/27/2004	and assigned
Florida document number 1.04000056337		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C,"
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE	*BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office address on our records, <u>enter the namess here</u> :	e of the new registered
Name of New Registered Agent:	TRANSWORLD BUSINESS MANAGEMENT LLC	
New Registered Office Address:	2555 PONCE DE LEON BLVD SUITE 600	
	Enter Florida street address CORAL GABLES Florida 33	111
	CORAL GABLES , Florida 33	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

From: Albis Rodrig

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Page: 7 of 8

Title	Name	· · ·	Address	Type of Action
MGRM	CAMPOS, ALEXANDER		4300 NW 2ND AVE	<i>E</i> Add
-			MIAMI FL 33127	#Remove
				\mathcal{E} Change
				E Add
		•		E Remove
·				E Change
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ALEXANDER CAMPOS

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