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Certified Copies	Certificates of	Status
Special Instructions to	Eiling Officer	
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Office Use Only

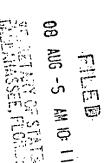


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Amendment-NC LO5-29973

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N. CAUSSEAUX AUG 6 2008 EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
subject: Cohen		Development Group, LLC ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Camilo Aguirre		
		(Name of Person)	
•	Immo Group, Inc.		
		(Firm/Company)	
	8040 NW 155th Street		
		(Address)	
	Miami Lakes, , FL 33016		
		(City/State and Zip Code)	
For further information of	oncerning this matter, please c	all:	
Camilo Aguirre		at (305) 821-1414	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	ne 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)

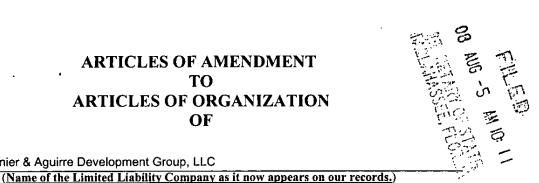
ű,

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



Cohen Meunier & Aguirre Development Group, LLC

(A Florida Elithica Elability Company)	•
The Articles of Organization for this Limited Liability Company were filed on	and assigned
This amendment is submitted to amend the following:	

A. If amending name, enter the new name of the limited liab	ility company here:
Quorum Development Group, LLC	
The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	N/A

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 Flo	rida street address)
	(2	, 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 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 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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			₹ Damassa
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	08 AUG -5 AN ID: 11
Dated Augus	ta 6A	er or authorized representative of a member	
	Турес	d or printed name of signee Page 2 of 2	

Filing Fee: \$25.00