

LOS00003261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

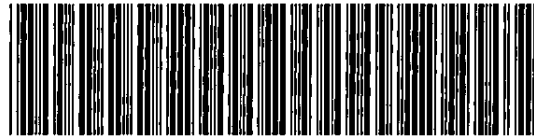
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Q2 FROSTPROOF I, 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:

Aimeé Dishkin

(Name of Person)

Q2 Frostproof I, LLC

(Firm/Company)

13131 SW 132nd Street, Suite 202

(Address)

Miami, FL 33186

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Aimeé Dishkin

(Name of Person)

at ( 305 ) 969-0005

(Area Code & 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

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

Q2 FROSTPROOF I, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 10/19/05 and assigned document number L05000103261.

**SECOND:** This amendment is submitted to amend the following:

The Manager of Q2 Frostproof I, LLC is Knowledge Partners, Inc.

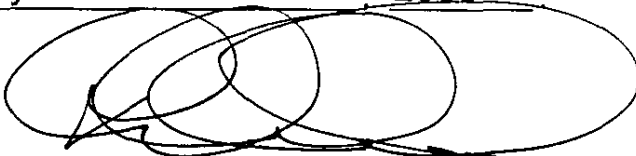
Knowledge Partners, Inc. is located at 13131 SW 132nd Street,

Suite 202, Miami, Florida 33186.

Please amend your records.

**FILED**  
2006 AUG 22 P 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated July 5, 2006



Signature of a member or authorized representative of a member

Daniel A. Levine

Typed or printed name of signee

**Filing Fee: \$25.00**