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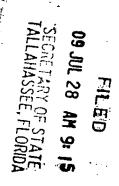
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EXAMINER

COVER LETTER

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

Qorval Wind Down, LLC SUBJECT: 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: 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 jlevy@qorval.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Judy M. Levy Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Qorval Wind Down, LLC		
(<u>Name of the Limite</u>	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
	, co		٠. المُعَمَّى . ا
The Articles of Organization for this Limited I	Liability Company were filed on	July 17, 2007	and assigned
Florida document number L0700007	3541		\$
		•	4
This amendment is submitted to amend the fol	lowing:	* 2	E 18 19 1
		, 8	SUL 28 MO
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :	70
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
			Br
Enter new principal offices address, if appli	cable:		7
(Principal office address MUST BE A STRE	ET ADDRESS)		V
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
B. If amending the registered agent and		our records, <u>enter tl</u>	ne name of the new
registered agent and/or the new registered o	ffice address here:		
Name of New Registered Agent:	Judy M. Levy		
New Registered Office Address:	2210 Vanderbilt Beach Ro	ad, Suite 1206	
	En	nter Florida street addr	ess
	Naples	. Florida	34109
	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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Vince Gargiulo	2210 Vanderbilt Beach Road Suite 1206 Naples, FL 34109	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)	
			- -
			_
Dated	July 21	, <u>2009</u> .	
	()an	m. R. Walone	
	Signature of	a member or authorized representative of a member	
		James R. Malone Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00