

**L07000094434**

Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850) 617-6383

*ATTN: Buck Kohr  
Fax (850) 245-6030*

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NATIONAL INSTITUTE OF QUALITY ASSURANCE, LLC**

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**B. KOHR**

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**EXAMINER**

H11000302646

**GUTTER CHAVES JOSEPHER RUBIN FORMAN FLEISHER P.A.**

Attorneys-at-Law

Robert A. Chaves  
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December 27, 2011

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Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS  
11 DEC 27 AM 10:56

**Re: National Institute of Quality Assurance, LLC and  
National Institute of Quality Assurance II, LLC  
(Consent of National Institute of Quality Assurance II, LLC to  
register name pursuant to Fla. Statutes §608.406(2))**

To Whom It May Concern:

On behalf of the above entities, this letter constitutes authorization for the use of the name National Institute of Quality Assurance, LLC, for the entity which is being converted, effective December 30, 2011 from National Institute of Quality Assurance, Inc.

The undersigned, Daniel R. O'Neal is the authorized member and manager of National Institute of Quality Assurance, LLC.

Daniel R. O'Neal is also the authorized member and manager of National Institute of Quality Assurance II, LLC, which was formerly known as National Institute of Quality Assurance, LLC, prior to the change of name filing to National Institute of Quality Assurance II, LLC on or about December 28, 2011.

Thank you for your cooperation.

Very truly yours,

  
RICHARD A. JOSEPHER

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I, the undersigned, authorize the use of the name National Institute of Quality Assurance II, LLC as set forth above.

  
Daniel R. O'Neal

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H 11600302646

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

**National Institute of Quality Assurance, 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 Liability Company were filed on 9/14/2007 and assigned  
Florida document number L07000094434

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

National Institute of Quality Assurance II, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

H11000302646

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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*


Dated 12/27, 2011



Signature of a member or authorized representative of a member

Daniel R. O'Neal, Manager and Authorized Representative

Typed or printed name of signer

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