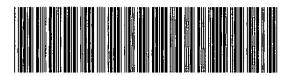
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(R	equestor's Name)				
(Address)					
(Address)					
(C	ity/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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T. CLINE
OCT 27 2008
EXAMINER

, COVER LETTER

TO: Registration Sec Division of Corp						
SUBJECT: P and C						0
	(Name of Lim	ited Liability Company)				
	Amendment and fee(s) are sub	-				
·	Ü	C				
	TANIA LEMUS		·			
		(Name of Person)				
UNITED STATES CORPORATION AGENTS, INC						
		(Firm/Company)				
	320 S. FLAMINGO ROA	D; 347				
		(Address)				
	PEMBROKE PINES, FL	33027				
		(City/State and Zip Code)				
For further information co	oncerning this matter, please c	ail:		SECRE TALL AH	2008 OCT 24	
Wendy Lee Cote		at (352) 219-0379		TAR ASS	12.1	igrences Ig
(Name o	f Person)	(Area Code & Daytime To	elephone Number)	Y OF STATI	λH 10: 10	West Williams
□ \$25.00 Filing Fee	△ \$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filin	g Fee.	0	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate Certified C (additional	of Statu Copy		ed)
			•	- •		

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

P and Q Ventures LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our reconited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Con	npany were filed on July 30,2008	and assigned
Florida document number L08000073244		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		7008 TALLO
(Principal office address MUST BE A STREET ADDRES	SS)	
		<u> </u>
		SEE O F
Enter new mailing address, if applicable:		TO IT I
(Mailing address MAY BE A POST OFFICE BOX)		SE F
		Su o
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida s	troot address)
	·	,
	, Flo	rida(Zip Code)
	((my come)

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 = Manager MGRM = Managing Member **Title Address** Type of Action <u>Name</u> WENDY LEE COTE MGRM 10405 NW 25th PLACE ■ Add Remove GAINESVILLE, FL 32606 WENDY LEE MORRIS MGRM 10405 NW 25th PLACE **□** Add GAINESVILLE, FL 32606 ■ Remove Add 🗂 Remove ☐ Add Remove Add Remove Add T Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) I AM ONLY AMENDING THE NAME OF THE MANAGING MEMBER. THE MANAGING MEMBER RECENTLY GOT MARRIED AND THEREFORE HER LAST NAME CHANGED. Dated OCTOBER 22 2008 Signature of a member or authorized representative of a member WENDY L. COTE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00