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(Re	questor's Name)	
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G. MCLEOD

JAN 27 2009

EXAMINER



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09 JAN 26 PM 3:

FILED SECRETARY OF STATE DIVISION OF COPECHATION

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	MQ EITHY	ONE-LLC .	
	(Name of Lin	onted Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	VERONI	CA PEREZ (Name of Person)	
		(Name of Person)	
	MQ EIG	SHTY ONE_LLC (Firm/Company)	
		(Firm/Company)	
	8128-N.	W. 17th MANOR (Address)	
		(Address)	
	PLANTAT	ON FL 33322 (City/State and Zip Code)	
		(City/State and Zip Code)	
For further information co	ncerning this matter, please c	all:	
VERONICA	PEREZ	at (305') 360 60 (Area Code & Daytime T	017
(Name of	Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e 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

M'Q EITHY	OHE LLC			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appe ta Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability	y Company were filed on	10 10 10 0	_ and assig	neđ
Florida document number L0800011456.	<u>2</u> .			
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	imited liability company he	ere:		
MQ EIGTH	Y ONE LLC			
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Com	pany," the designation "LLC	C" or the abb	previation
Enter new principal offices address, if applicable:		٠٠		0
(Principal office address MUST BE A STREET AD)	DRESS)		09 JAN	VISE M3S
	······································		JA A	<u> 27</u>
			26	
Enter new mailing address, if applicable:	<u> </u>			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			ப ப	35 <u>0</u>
			<u>5</u>	
		·	- Qi	N.
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, enter the	name of	the new
Name of New Registered Agent:				
New Registered Office Address:				
	(1	Enter Florida street addre	SS)	
·	(Class)	, Florida	(Tim Code)	
	(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)

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 = 1	Managing Memb	er		
<u>Title</u>	<u>Name</u>		Address	Type of Action
				Add
				Remove
		•		Add
				Remove
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				Add Remove
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D. If amen	ding any other in	formation, en	ter change(s) here: (Attach additional sheets, if necessary.)	
_				
				_
_				_
				_
Dated -	January	23	2009	
<u></u>				
		Signature of	a member or authorized representative of a member	
			Veronica Perez	

Page 2 of 2

Filing Fee: \$25.00