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FILED PH 3: 0: SECRETARY OF STATE ALLAHASSEE. FLORIDA

C. LEWIS

NOV 3 2009

EXAMINER

COVER LETTER

то:	Registration Section Division of Corpora		ir.	
SUBJECT: QBE Solutions LLC				
SUDA	ECT:		ted Liability Company	
The er	nclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing.	
Please	return all corresponder	ce concerning this matter	to the following:	
			Michael Bovaird	
Name of Person				
QBE Solutions LLC				
			Firm/Company	
		g	135 58th Drive East	
			Address	
			Bradenton, FL 34202	
			City/State and Zip Code	
	_	mbo E-mail address: (t	ovaird@sophlogic.com o be used for future annual report notif	ication)
For fu	rther information conce	rning this matter, please ca	all:	
Larry Schmitt Name of Person				-7741 ext 1506 e Telephone Number
Enclos	sed is a check for the fol	lowing amount:		
y \$2:	5.00 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

FILEC

2009 NOV -2 PM 3: 00

Caree	er Coaching, LLC y Company as it now appears Limited Liability Company)	on our records.	ECRETARY OF STATE LLAHASSEE. FLORIDA
(A Florida	Limited Liability Company)	<u> </u>	
The Articles of Organization for this Limited Liability	Company were filed on	5/4/09	and assigned
Florida document numberL09000042965_	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
QBI	E Solutions LLC		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company	," the designation '	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, <u>enter</u>	the name of the new
Name of New Registered Agent:		-	
New Registered Office Address:			
	[.] Florida street ad	dress	
		, 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

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 = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			[]D
			Add Remove
D. If ame	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necess	ary.)
			·
_ Dated	October 30 20	009	2009 NOV -2 SECRETARY ALLAHASS
	Signature of a member Micha	r or authorized representative of a member Bovaikd or printed name of signee	HON-2 PH & OF STATE CAHASSEE, FLORIDA
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Filing Fee: \$25.00