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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor			
O#1#2	C CITI	INSITE S	UNRISE BEACH LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		MI	NA DOBLMEIER	
			Name of Person	, , , , , , , , , , , , , , , , , , ,
		IN	SITE GROUP	
			Firm/Company	
		1825	Main Street, Ste 235	
			Address	
		We	eston, FL 33326	
			City/State and Zip Code	
			ad@insiteus.com to be used for future annual repor	
				t nouncation)
For fur	ther information c	oncerning this matter, please c	all:	
	MINA D	OBLMEIER	954 3	358-6800
	Name o	f Person		aytime Telephone Number
Enclos	ed is a check for the	ne following amount:		
■ \$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:

TO:

Registration Section
Division of Corporations
P.O. Box 6327 Taliahassee, 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

		His G
INSITE SUNRIS	· · · · · · · · ·	SSI -
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	mg 32
·		رام ہے :
The Articles of Organization for this Limited Liability Company	were filed on05/20/2009	S I Amed a segmed
Florida document numberL09000049223		D
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
QBD PROPER	TIES LLC	
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	407 LINCOLN ROAD	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 2-F	-
	MIAMI BEACH, FL 33139	
Enter new mailing address, if applicable:	407 LINCOLN ROAD	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 2-F	
	MIAMI BEACH, FL 33139	
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address her		er the name of the new
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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	INSITE DEVELOPMENT GROUP, LLC	1825 MAIN STREET, STE 235	Add
		WESTON, FL 33326	■ Remove
MGR	SETH SCHUMER	407 LINCOLN ROAD, STE 2-F	 ■ Add
		MIAMI BEACH, FL 33139	Remove
			□ Add
			□ Remove
			
			Addo TACO Demove 2
			-1 PP
			Remove
			☐ Remove

If amending any other information, enter change(s) here: (Attach addit	ional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	be more than 90 days after
Dated 31 , 31	
Dated July 31, 2014. Signature of a market and an authorized and a market and a ma	21
Signature of a member or authorized representative	e of a member
MINA DOBLMEIER	
Typed or printed name of signee	

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Filing Fee: \$25.00

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