## Florida Department of State

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(((H11000242649 3)))



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Fax Number : (850)617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUEST ALLOY LLC

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From: PHOENIX LAW PARTNERS

239 461 0083

10/06/2011 09:47

#878 P.002/004

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## COVER LETTER

то:	Registration S Division of Co				
SUBJI	ECT:	r: Quest Alloy LLC			
			ited Liability Company		<b>.</b>
The enclosed Articles of Amendment and fee(s) are submitted for filing.					三二
Please return all correspondence concerning this matter			to the following:		SECRETASSEE FLORING
12800		arles PT Phoenix, Esq.		P. C.	
		4	Name of Person		33 V
			Phoenix Law PLLC		5
			Finn/Company		·
		12800	OO University Drive, Suite 260 Address  Fort Myers, FL 33907 City/State and Zip Code		
			cptp@PhxPa.com to be used for future annual report no	differition)	
For fur	ther information	concerning this matter, please		in the second	
	D	Pebbie Miller	at ( 239 )	461-0101	
Name of Person		of Person		ime Telephone Number	<del>,</del>
Enclose	ed is a check for t	the following amount:			
\$25	.00 Filing Fee	✓ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos		l'Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COUI Registration Sect Division of Corp Clifton Building	orations		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

10/06/2011 09:49

#878 P.003/004

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Quest Alloy LLC				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
(		,	S. 22 - 1		
The Articles of Organization for this Limited Lia	bility Company were filed on	August 19, 2009	and assigned		
Florida document number L090000799	984		Tog S		
			33 10		
This amendment is submitted to amend the follow	wing:		And the second s		
A. If amending name, enter the new name of	the limited liability company h	ere:			
-					
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				
			·		
Enter new mailing address, if applicable:			The state of the s		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>				
	<del>- 1</del>				
B. If amending the registered agent and/or		our records, enter th	e name of the new		
registered agent and/or the new registered off	ce address nere:				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
·					
	City		Zip Code		
New Registered Agent's Signature, if changing Re	distarad 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

Page 1 of 2

MGR = Manager

MGRM = Managing Member

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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:

**Title** Name <u>Address</u> Type of Action MGR Lisa M. Phoenix 12800 University Drive ☐ Add Suite 260 ✓ Remove Fort Myers, FL 33907 MGR Deanna Brown 12800 University Drive ☐ Add 📝 Remove Suite 260 Fort Myers, FL 33907 MGR Ivy Smith 12800 University Drive . 🗀 Add Suite 260 Remove Fort Myers, FL 33907 MGRM Lisa M. Phoenix **✓** Add 12800 University Drive Suite 260 Remove Fort Myers, FL 33907 MGRM Ivy Nemeth ✓ Add 12800 University Drive Remove Suite 260 Fort Myers, FL 33907 ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 5 2011 Dated \_ Signature of a member or authorized representative of a member Lisa M. Phoenix, Managing Member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00