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**EXAMINER** 

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SECRETARY OF STATE

FILED

# **COVER LETTER**

Division of Corporations
SUBJECT: QUO VADIS MANEGEMENT, LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARCELLE B. POIRIER Name of Person
The law Firm of MARCELLE POIRIER Firm/Company
2701 South Bayshore Drive, Suite #402
Miami, FL 33133 City/State and Zip Code
E-mail address: (to be used for future) annual report notification)
For further information concerning this matter, please call:
Estelle Berenbaum at (305) 854 - 4445  Nanic of Person Arca Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  S55.00 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

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Section 2000 and assigned Florida document number L0900086126.

This amendment is submitted to amend the following:

company has been notified in writing of this change.

This amendment is submitted to union the following.			
A. If amending name, enter the new name of the limited liat	<u> ilitv company here</u> :		
Quo VADIS MANAGEMENT The new name must be distinguishable and end with the words "Lim	- LLC_		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:	16 N.E. 4th Sta	eet	
(Principal office address MUST BE A STREET ADDRESS)	Ft. Lauderdale	FL33301.	).
Enter new mailing address, if applicable:	16 N.E. 4th Street Ft. Landerdale,	<u>t</u>	
(Mailing address MAY BE A POST OFFICE BOX)	tt. lauderdale,	<u> - L33301 - U-3</u>	,
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new	
Name of New Registered Agent:			
New Registered Office Address:		<b>09</b> SE(	:
	Enter Florida street ac	TO TO	
	, Florida	Zin Code	
New Registered Agent's Signature, if changing Registered Agent	•	T SIN	
I hereby accept the appointment as registered agent and age the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as	olete performance of my duties, and i	I am familiar with and	

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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 =	anager Managing Member		
<u>Title</u>	Name \	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, ente	er change(s) here: (Attach additional sheets	, if necessary.)
<del>-</del> -			
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Dated _ S	Signature of	a member or authorized representative of a mem	O9 SEP 21 SECRE ARY TALLAHASSE
	MARCE	Typed or printed name of signee  Page 2 of 2	TES E
		Filing Fee: \$25.00	) I: 56 TATE ORIDA