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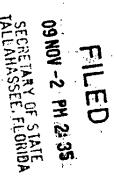
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S. HAWKES NOV - 3 2009 EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:					
	Name of Lim	ited Liability Company			
	f Amendment and fee(s) are sulpondence concerning this matter	_			
		Kimberly Spano			
		Name of Person			
		Firm/Company			
		194 Minorca Avenue			
	0	Address			
Coral Gables, FL 33134 City/State and Zip Code					
	E-mail address: (spano@tqmgmt.com to be used for future annual report notif	ication)		
For further information	concerning this matter, please of	call:			
	mberly Spano	at (· · ·)	552-9135		
Name	of Person	Area Code & Daytim	e Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 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**

TOTAL QUALITY PARTNERS L.L.C. (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	September 22, 200	9 and assigned		
Florida document number L0900091574			9 and assigned SECRETARY OF STANDARD		
This amendment is submitted to amend the following:			認る「		
A. If amending name, enter the new name of the li	mited liability company	<u>here</u> :	For St.		
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Co	mpany." the designation "L	LC" or To abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADI	DRESS)				
Enter new mailing address, if applicable:			<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		on our records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:					
New Registered Office Address:	New Registered Office Address: Enter Florida street address				
	, Florida				
	City		Zip Code		
New Registered Agent's Signature, if changing Register	red 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Mullins-Spano, Kimberly	194 Minorca Avenue Coral Gables, FL 33134 US	Add Remove
MGR	Valle, Erick	194 Minorca Avenue Coral Gables, FL 33134 US	Add Remove ALL Bemove ALL Bemove
			Add Bemove OP NON -2 PH 2: 35 Add Remode Add Remode Add Remode
			Add On Remoder
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
_			_
	October 29 2	000	- -
Dated	\	er or authorized representative of a member	
	Paul Kuga		

Page 2 of 2

Filing Fee: \$25.00