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SECRETARY OF STAT

TALLAHASSEF

COVER LETTER

TO: Registration Section Division of Corporations Division of Corporations	
SUBJECT: NET Quest Management Services, UC 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:	
Charles R. Northay JR. Name of Person	
Firm Company	
246 McLeon Point	
Winter Haven, FL 33884 City/State and Zip Code Skypowers ports 1 (29mail. com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Charles R. Northey JR. at (863) 412-0768 Name of Person Area Code Daytime Telephone Number	 -
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee U \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □	itatus &
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NET QUEST MA (Name of the Limited Liabil (A Florid	ANAGEMENT SERVICES LLC ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L1000002529</u>	Company were filed on March 5th 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	246 Mclean Point
(Principal office address MUST BE A STREET ADD)	RESS) Winter HAVEN, FL 33884
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere agent and/or the new registered office address here:	SECRE ARY OF STALLAHASSEE, and office address on our records, enter the name of the name o
Name of New Registered Agent:	Charles R. Northey Jr.
New Registered Office Address:	246 MCLean Point Emer Florida street address
\	Winter Havew Florida 33884 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MAJK Ruggieri		□ Add
		130 BATES ADE SW, Suite 101	_ KRemove
			_ □Change
MGR	Charles R. Northey JR	246 MCLEAN Point, Winter HAVE F	<u>L</u> !XAdd
			_ □Remove
			_ □Change
<u>mgrm</u>	CErtipay PED Solutions, Inc		_ □Add
		130 BATES AVE SW, STE 101 Winter HAVEN, FL 33880	_\ X Remove
		,	_ 🗆 Change
iverm	Denny A. Wilson		_ □Add
		130 Bates AUE SW, StE#101 Winter Haven, FC 33880	_ Deremove
			_ 🗆 Change
CFO	Robert B Morgan		□Add
		130 Bates AUE SW, StE#101 Winter Havew, FL 33880	_ Kemove
			_ □Change
			_ 🗆 Add
			_ 🗆 Remove
			_ ⊡Change

If amending any	other inform	ation, enter ch	ange(s) here:	(Attach additions	 ul_sheets, if necessary.)
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Note: If the date i	tisted, the date mu inserted in this b	ist be specific and c lock does not me	annot be prior to let the applicable	date of filing or more e statutory filing re	(optional) than 90 days after filing.) Pursuant to 605,0207 equirements, this date will not be listed as t
document's effecti	ive date on the I	Department of Sta	ite's records.		*
the record specifies a ford is filed.	a delayed effecti	ve date, but not a	n effective time	, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
Daved &	1/202	Z			
Dattu		-7			
Daitu					
Dated	<u>.</u>	Signature of a me	imber of authoriz	ed representative of	a member
Daitu	<u> </u>	Signature of a mu	inber of authoriz	ed representative of	a member

Filing Fee: \$25.00