L1000035/28

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SECRETARY OF STATE OF STATE OF CORPORATIONS

T. HAMPTON

OCT 1 2 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1900 CSO/Letrons, LOW 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:	
Royald J. Dieter	
happe solutions. com Firm/Company	
2400 NE 33 Hue Suite 109	
City/State and Zip Code To hald dieter 08 D Com cont. E-mail address: (to be used for future annual report notification)	net
For further information concerning this matter, please call:	
Name of Person at (954) 259-9808 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	·
\$25.00 Filing Fee \$\ \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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



RECEIVED

10 OCT 11 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Division of Corporations

September 14, 2010

RONALD DIETER 2400 NE 33RD AVE # 109 FT LAUDERDALE, FL 33305

SUBJECT: HQPPCSOLUTIONS.COM LLC

Ref. Number: L10000035128

We have received your document for HQPPCSOLUTIONS.COM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 610A00021843

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number 1/0000035	mpany were filed on 3/3/20010 and assigned 128
This amendment is submitted to amend the following:	OF OF CAPPE
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 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>Address</u> **Type of Action** <u>Name</u> Remove ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MGR Dated Signature of a member or authorized representative of a member Page 2 of 2

Filing Fee: \$25.00