

L10000089646
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000168682 3))



H110001686823ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUN 27 AM 3:39

FILED

RECEIVED

11 JUN 27 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
QUARA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

D. BRUCE
Help

JUN 28 2011

EXAMINER

4

H11000168682

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUARA 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:

ALBERTO GUZMAN
Name of Person
GUZMAN & GUZMAN, P.A.
Firm/Company
9130 S. DADELAND BLVD, STE 1600
Address
MIAMI, FL 33156
City/State and Zip Code
AGUZMAN@GUZMANANDGUZMAN.COM
E-mail address: (to be used for future annual report notification)

FILED
11 JUN 27 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ALBERTO GUZMAN at (305) 670-1991
Name of Person Area Code & Daytime 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)
- \$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

H11000168682

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

QUARA LLC

(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 08/26/2010 and assigned
Florida document number L10000089646

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 27 AM 9 39

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

Florida

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 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

H11000168682

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Rodolfo Felix Lavaque</u>	<u>2100 S. OCEAN DRIVE # 17H</u> <u>FORT LAUDERDALE, FL 33316</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Alicia Ines Lanfranconi de Lavaque</u>	<u>2100 S. OCEAN DRIVE # 17H</u> <u>FORT LAUDERDALE, FL 33316</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Lanfranconi, Alicia</u>	<u>2100 S. OCEAN DRIVE # 17H</u> <u>FORT LAUDERDALE, FL 33316</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated June 20, 2011
Alicia Ines Lanfranconi de Lavaque
Signature of a member or authorized representative of a member
ALICIA INES LANFRANCONI de LAVAQUE
Typed or printed name of signor

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JUN 27 AM 9:39

H11000168682