## n CK SPRAILIN Division of Corpor

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Florida Department of State

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INTEGRAL QU			<b>∵</b> 20°.
(Name of the Limited (A	Liability Company Florada Limited Liab	as It now app whity Compan	pears on our records.)	9.5
The Articles of Organization for this Limited Li	ability Company w	ere filed on _	2/18/2011	and assigned
Florida document number <u>L11000020</u>	0 <del>998</del> .			
This amendment is submitted to amend the folio	owing:			
A. If amending name, enter the new name of	the limited liabilit	y company i	here:	
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited	Liability Con	npany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	able:	6135 NW 1	67 ST SUITE E20	
Principal office address MUST BE A STREE	T ADDRESS)			
		HIALEAH.	FLORIDA 33015	
Enter new mailing address, if applicable:		6135 NW 1	67 ST SUITE E20	
(Mailing address MAY BE A POST OFFICE	BOX)			
		HIALEAH.	FLORIDA 33015	
B. If amending the registered agent and/or registered agent and/or the new registered of		e address o	n our records, <u>enter tl</u>	e name of the nev
Name of New Registered Agent:	HORACIO DE E	ARI		
New Registered Office Address:	6135 NW 167 ST	SUITE E20	Enter Florida street addi	ess
	HIALEAH	City	, Florida <u>3</u>	3015 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, Stansture of New Registered Agent

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MGR = Manager

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:

MGRM = N	Sanaging Member		
Title	Name	Address	Type of Action
MGRM	FERNANDO V PLASTINO	6187 NW 167 ST SUITE H30 HIALEAH FL 33015 US	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
	<del>.</del>		Add Remove
			Remove SEP
D. If amend	ling any other information, enter cha	ange(s) here: (Attoch additional sheets, if necessary.)	SEP 30 AM 8: 05 CRETARY OF SHATE LAHASSEE FLORID
_			- FLOREN
Dated		ober or authorized representative of a member	<del>-</del>
	Ferenco Plas		

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