L/1000027959

(Re	equestor's Name)
(Ac	ddress)	
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(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number	·)
Certified Copies	Certificate	es of Status

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EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

, , ,

COVER LETTER

то:	Registration of	on Section Corporations	
CHRII	FCT•	QB BUSINESS DEVELOPMENT LLC	
SUBJECT:		Name of Limited Liability Company	
The en	closed Article	es of Amendment and fee(s) are submitted for filing.	2812 NUG -1 PH S 50 SCCRETARY OF STATE
Please	return all cor	respondence concerning this matter to the following:	HASSE HASSE
		PEDRO QUINTERO	一里 多
QB BUS		Name of Person	SA 50
		QB BUSINESS DEVELOPMENT LLC	
	•	Firm/Company	_
		4018 S SEMORAN BLVD	
		Address	
		ORLANDO FL 32822	
		City/State and Zip Code	_
	-51	E-mail address: (to be used for future annual report notification)	
For fu	rther informat	ion concerning this matter, please call:	
	P(EDRO QUINTERO <u>at (407)</u> 491-4908	
<u>-</u>	Na	ame of Person Area Code & Daytime Telephone Numb	oer er e
Enclos	ed is a check	for the following amount:	
\$25	5.00-Filing Fe	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		egistration Section Registration Section ivision of Corporations Division of Corporations O. Box 6327 Clifton Building	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QB BUSINES DEVELOPMENT 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 Lie	ability Company were filed on	03/07/2011	and assigned	
Florida document numberL11000027	959			
This amendment is submitted to amend the following	owing:		2 01 1	
A. If amending name, enter the new name of	the limited liability company here:		ZORZ AGG	
			To 1 Departure	
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Company	y," the designation "	Fig. or the abbreviation	
Enter new principal offices address, if applica	ible:		STATE OF	
(Principal office address MUST BE A STREE	TADDRESS)		e o	
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)				
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered office address on ou <u>lice address here</u> :	r records, <u>enter</u>	the name of the new	
Name of New Registered Agent:			<u>, , , , , , , , , , , , , , , , , , , </u>	
New Registered Office Address:				
76	Enter	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

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 **Type of Action** <u>Address</u> **Title** <u>Name</u> **MGRM** JOSE GOTERA 4018 S SEMORAN BLVD ☐ Add √ Remove ORLANDO FL 32822 **EDUARDO QUINTERO** MGRM 4018 S SEMORAN BLVD √ Add ORLANDO FL 32822 ☐ Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) member or authorized representative of a member Signature of PEDRO QUINTERO Typed or printed name of signee iŶ

Page 2 of 2

Filing Fee: \$25.00