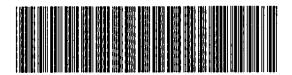
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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D. BRUCE

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EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | | | |
|-----------------------------------|--|---|--|--|--|
| SUBJECT: | QD | P EMS LLC | | | |
| - | Name of Lim | ited Liability Company | | | |
| The enclosed Articles o | f Amendment and fee(s) are su | bmitted for filing. | | | |
| Please return all corresp | ondence concerning this matte | r to the following: | | | |
| | <u></u> | Kurt Storey Name of Person | | | |
| | | | | | |
| QDP EMS LLC | | | | | |
| Firm/Company | | | Ac = | | |
| | TOV - | | | | |
| | | 03 Red Bug Lake Road Address | | | |
| | | Suite 318 | ON -1 M STARY OF STARASSEE. FLO | | |
| | | City/State and Zip Code | STATE LORIE | | |
| | | nter Springs, FL 32708 | 2 | | |
| | E-mail address: (| to be used for future annual report notifi | cation) | | |
| For further information | concerning this matter, please | call: | | | |
| | Kurt Storey | at (407) | 324-0440 | | |
| Name o | of Person | Area Code & Daytime | : Telephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Should be seen that the seen t | | |
| MAII | INC ADDRESS | | | | |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| QDP EN | | | | |
|--|--|---|--|--|
| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appea Liability Company) | rs on our records.) | | |
| The Articles of Organization for this Limited Liability Company | were filed on | July 05, 2011 and assigned | | |
| Florida document numberL11000076792 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | oility company he | <u>re</u> : | | |
| QUETEC | Q LLC | manufig. | | |
| The new name must be distinguishable and end with the words "Lim "L.L.C." | ited Liability Comp | any," the designation "LLC" or the abbreviati | | |
| Enter new principal offices address, if applicable: | | ASS - | | |
| (Principal office address MUST BE A STREET ADDRESS) | | me a m | | |
| Enter new mailing address, if applicable: | | STATE FLORIDA | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | ffice address on o | our records, enter the name of the ne | | |
| 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager of Managing Member being added or removed from our records</u>:

| MGR = Ma MGRM = N | nager Ianaging Member | | |
|----------------------|---|--|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| · | | | Add Remove |
| | | | Add Remove |
| D. If amend | ling any other information, enter chang | ge(s) here: (Attach additional sheets, if necessary) | a n |
| | | E.FLORIDA | |
| Dated | , | | |
| | 16 1 | Something of a supercontain of the supercontai | |
| | , | r or authorized representative of a member Kurt Storey or printed name of signee | , |

Page 2 of 2

Filing Fee: \$25.00