

**L110000960608**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



**600297484016**

04/03/17--01036--001 \*\*60.00

**FILED**

**17 APR -3 AM 11:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**D. SCOTT**

**APR 5 2017**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C3J HEALTH CARE PROVIDER, 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:

JOHN LOMAX  
Name of Person  
GQS ENTERPRISE, LLC  
Firm/Company  
833 HORSEMENS PATH  
Address  
CANTONMENT, FL 32533  
City/State and Zip Code  
JOHMAX3D@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN LOMAX at (850) 586-9563  
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

C3J HEALTH CARE PROVIDER, 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 4/14/2011 and assigned Florida document number 411000096048.

This amendment is submitted to amend the following:

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

GQS ENTERPRISE LLC

The new name must be distinguishable and contain 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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

40 WEST 9 MILE RD.  
Suite #2, PMB 135  
PENSACOLA, FL. 32534

**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 605, 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**

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17 APR -3 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 APR - 505.0207 (3)  
FILED  
APR 11: 3

(g.) Pursuant to 505.0207(3),  
he will not be listed as the

on the earlier of:

(b) The 90th day after the record is filed.

March 30<sup>th</sup>, 2017

*John Romax*  
Signature of a member

Signature of a member or authorized representative of a member

JOHN LOMAX

Typed or printed name of signee