## 4120000043691

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Certified Copies	Certificate	es of Status
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	PQT-Merrill LLC	
SUDJE	Name of Limited Liability Company	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Marco H. Tran	TAS C
	Name of Person	MIDRE TALLAH
	PQT-Merrill LLC	HASS
	Firm/Company	- Mi∹ •
	5627 Atlantic Blvd., Ste 4	FLOR
	Address	- 공연
	Jacksonville FL 32207	7"•
	City/State and Zip Code	
For fin	E-mail address: (to be used for future annual report notification)	

Marco H. Tran

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PQT-Merrill LLC			
( <u>Name of the Limited</u> (A	Liability Company as it now apper Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Li Florida document number L12000043691	ability Company were filed on	/larch 29, 2012	and assigned
This amendment is submitted to amend the follo	owing:	N.	2013
A. If amending name, enter the new name of	<u>-</u>	i i i i i i i i i i i i i i i i i i i	PINA I
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Con	ipany," the designation "Fi	를 로 !!!
Enter new principal offices address, if applic	able:	08	2
(Principal office address MUST BE A STREE	T ADDRESS)	25	m sa
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/	or registered office address o	n our records, enter tl	ne name of the new
registered agent and/or the new registered of	ince address nere:	`	
Name of New Registered Agent:	Marco H. Tran		
New Registered Office Address: 5627 Atlantic Blvd., Ste-4			
		Enter Florida street addr	ess
	Jacksonville	, Florida <u>32</u>	207
	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

<u>Title</u>	Name	Address <u>T</u>	Type of Action
MGRM	I-TECH Personnel Svc., Inc.	5627 Atlantic Blvd., Ste 1, Jacksonville, FL 32207	Add
		<del></del>	Remove
MGRM	Marco H. Tran	5627 Atlantic Blvd., Ste 4, Jacksonville, FL 32207	Add
			Remove
		LLAHASSE	2013 HAY 13
		E. FLOR	Remove
			Add
			Remove
			Add
			Remove
			Add
		·	Remove

D. Ìf a		enter change(s) here: (Attach additional sheets, if necessary.) ompany is no longer owned by the I-TECH Personnel Svc., Inc.
	and request to transfer this	LLC company to the name listed above as the new owner
Dated .	May 8	2013
	Signatur	of a member or authorized representative of a member
	Marco H. Tran	
		Typed or printed name of signee

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Filing Fee: \$25.00