

L12000135984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

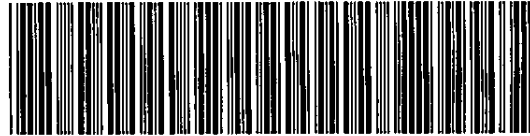
(Business Entity Name)

(Document Number)

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15 JAN 27 AM 11:08  
TALLAHASSEE, FLORIDA

APPROVED  
FILED

G. HARVEY  
JAN 27  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2015

PAULA MCKANE  
3303 W. COMMERCIAL BLVD., SUITE 201  
FT. LAUDERDALE, FL 33309

SUBJECT: QOLOGY DIRECT, LLC  
Ref. Number: L12000135984

We have received your document for QOLOGY DIRECT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Gretchen Harvey  
Regulatory Specialist II Supervisor

Letter Number: 015A00000306

RECEIVED  
FLORIDA

15 JAN 27 AM 11:08

APPROVED  
AKO  
1/15/15

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Gology Direct, 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:

Paula McKane

Name of Person

Elephant Group, Inc.

Firm/Company

3303 W Commercial Blvd, Ste 201

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

legal@gologydirect.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Butler

Name of Person

Area Code

at (954)

657-9600 ext. 3622

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

\* Already sent check

15 JAN 27 AM 11:03

REGISTRATION SECTION  
TALLAHASSEE, FLORIDA

APPROVED  
JAN 27 2003

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

Qology Direct, 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 10/25/2017 and assigned  
Florida document number L12000135984.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

**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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Michael Morrison	3303 W Commercial Blvd Suite 201 Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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15 JAN 27 11:03  
TALLAHASSEE, FLORIDA  
APPROVED  
11:03

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 1, 2015



Signature of a member or authorized representative of a member

Glenn Good

Typed or printed name of signee

FILED  
JAN 27 2015  
TALLAHASSEE, FLORIDA

15 JAN 27 AM 11:08

ATLANTA, GA  
JAN 27 2015