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DIVISION OF TREE THE STATE OF T

C. LEWIS

JAN 1.5 2013

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	GRUPO	WARDCA, LLI	C
		d Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	ALVARO	Name of Person	
	GRUPO	WARDCA, L	LC
	325 Oh		
	Lelias	Address ACVET FL 3 City/State and Zip Code	3936
	O	City/State and Zip Code	
For South on in Source tion	·	be used for future annual report nonfication.	on)
For further information con	cerning this matter, please ca	и; .	
ALVARO Name of P		at (786 316 - Area Code & Daytime Tel	
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



<u> </u>		ARDCA	と、ししし	AN 14 PM 3: 42
(<u>Name of the Limited Li</u> (A F	ability Company orida Limited Lia	as it now appears or bility Company)	oùr records.)	
The Articles of Organization for this Limited Liab Florida document number 11300000	ility Company w			and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	QCA	, LLC		
The new name must be distinguishable and end with the "L.L.C."	he words "Limited	d Liability Company,	' the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	325 OL	rio Ra	FL 33936
(Principal office address MUST BE A STREET A	<u>ADDKESS)</u>	Delign	12021	73/30
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic		ce address on our	records, enter	the name of the new
Name of New Registered Agent:	Alva	no Pena	,	
New Registered Office Address:	325 ()	nio Rd	Florida street aa	ldross
	Lehiah	Enter . A (v.e. 5 City	Florido	33936
		City	, rioriua	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 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 Title** <u>Name</u> **Address** Remove Remove Remove Add

Remove

nding any other information, enter change(s) here: (Attach additional sheets, if n		4 · pa.
<u> </u>	解に配け SECRETARY OF STAND BIVISION OF GORE OPERIOR	
· · · · · · · · · · · · · · · · · · ·	2013 JAN 14	PM 3:
Dero Rona.		
$oldsymbol{ au}$		
	Signature of a member or authorized representative of a member	2013 JAN 14 2013 JAN 14 2013 . Lland Roma .

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Filing Fee: \$25.00