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COVER LETTER

TO:

Registration Section
Division of Corporations

SURIECT

IIA Quality Services, 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:

Kevin M. Mayeux

Name of Person

Institute of Internal Auditors, Inc.

Firm/Company

247 Maitland Avenue

Address

Altamonte Springs, FL 32701

City/State and Zip Code

kevin.mayeux@theiia.org

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

For further information concerning this matter, please call:

Kevin Mayeux

at (407) 937-1350

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

IIA Quality Services, 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 January 22, 2013 Florida document number <u>L13000010478</u> 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 Citv

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 Title Address Type of Action <u>Name</u> 247 Maitland Avenue Hal Garyn MGR Altamonte Springs, FL 32701 Ken White 247 Maitland Avenue MRG Altamonte Springs, FL 32701 Sally Dix 247 Maitland Avenue MRG Altamonte Springs, FL 32701 Remove

f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
•	•	
<u>.</u>		
		
May 14	2013	
	Signature of a member or authorized representative of a member	
Kevin M. May	eux, MGR	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00