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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

NAME CHANGE
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ADVOQUEST CORPORATE, LLC

| | |
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| Certificate of Status | 0 |
| Certified Copy | 0 |
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TALLAHASSEE, FLORIDA

T. Burch OCT 9 2013

COVER LETTER

TO: Registration Section
Division of Corporations

(((H13000223793 3)))

SUBJECT: AdvoQuest Corporate, LLCName 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:

David R. MaymonName of PersonAdvoQuest Corporate Tampa, LLCFirm/Company7866 W. Commercial BoulevardAddressLauderhill, FL 33351City/State and Zip Codedmaymon@advocatehcs.comE-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David C. Peckat (954) 768-8265Name of PersonArea 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

(((H13000223793 3)))

AdvoQuest Corporate, 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 September 4, 2013 and assigned
Florida document number L13000124928

This amendment is submitted to amend the following:

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

AdvoQuest Corporate Tampa, LLC

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 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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |

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

Dated _____



Signature of a member or authorized representative of a member

DAVID R. MAIMON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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