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,

Account Number : I20020000094

Phone

: (770)777-2091

Fax Number

: (770)220-1943

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DM ADVOQUEST HOLDINGS, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

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SUBJECT: DM AdvoQuest Holdings, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and foc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David R. Maymon				
	Name of Parson			
DM AdvoQuest Tampa Holding	s, LLC	•		
	Firm/Company			
7856 W. Commercial Boulevard				
	Address	(CA		
Lauderhill, FL 33351			ದ	
City	/State and Zip Code		130	
dmaymon@advocateh	cs.com	574	1	e e imperios Si e el suescio
E-muil address: (to be L	sed for fiture annual report notification)	اران . ق	ಾ	
n concerning this matter, please call:			7-1-	7
	954 768-8265		्रंब	10 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e of Person	Area Code & Daytime Telephone Number	34.	ce	

Enclosed is a check for the following amount:

\$25.00 Filing Fee

For further information

David C. Peck

O\$30.00 Filing Fee & Certificate of Status ☐\$55.00 Filing Fec &
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

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DM AdvoQuest Holdings, LLC			
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Company were filed on _	September 17, 2013	and assign	⊭d
Florida document numberL13000131831		-	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company h	iere:		
DM AdvoQuest Tampa Holdings, LLC			
The new name must be distinguishable and end with the words "Limited Liability Con"L.L.C."	pany," the designation "LL	C" or the abbr	eviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	77	돌아 글	
· 		## H	v: 45% .
Enter new mailing address, if applicable:		do (), Co	
(Mailing address MAY BE A POST OFFICE BOX)		The same	: '';'
			<u> </u>
			1/43%11
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	our records, enter the	name of t	he new
TEPROFICE MEENT AND/OF THE NEW TOPINGFER OTHER AND FERS HEFE;			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	\$\$	
	, Florida		
City		Zip Code	
New Registored 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

Page 1 of 3

MGR = Manager

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Add
			Add
			Remove
			Romove
			Remove
			Add Remove

If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
···	
	
ed	
	for the
	Signature of a member or authorized experimentive of a member DAVID R. May Mall
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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