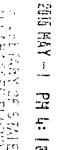
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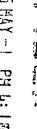
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COVER LETTER

то:	Registration Se Division of Cor					
SUBJI	AQ Holding	gs, LLC				
SOBJI		Name of Limi	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Daniel T. Barres				
			Name of Person			
		AQ Holdings, LLC				
			Firm/Company			
		PO Box 2569				
			Address			
		Fort Myers, FL 33902				
			City/State and Zip Code			
		Lori@AssetQuest.com				
			o be used for future annual report notific	cation)		
For fu	rther information co	oncerning this matter, please ca	all:			
Lori V	Volfe		239 541-8448 at ()		2015	ब्राट ा
	Name o	f Person		Telephone Number	2015 HAY -1	nea =-
Enclos	sed is a check for the	ne following amount:				
□ \$2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filir Certificate Certified C (additional co	ng Fee Copy Copy is enclosed)	241

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

AQ Holdings, LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L14000052533}{L14000052533}$	were filed on $\frac{03/31/2014}{}$	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C"			
Enter new principal offices address, if applicable:	2180 W First Street				
(Principal office address MUST BE A STREET ADDRESS)	Suite 302				
	Fort Myers, FL 33901				
Enter new mailing address, if applicable:	PO Box 2569				
(Mailing address MAY BE A POST OFFICE BOX)	Fort Myers, FL 33902	·			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		er the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	, Florida	Zıp Code			
	City	Zip Cour			

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Craig	PO Box 100750	Add
		Cape Coral, FL 33910	= Remove
			☐ Change
-			Add
			☐ Remove
			Change
***************************************			Add
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Page 3 of 3

Filing Fee: \$25.00