

L1400000 88263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

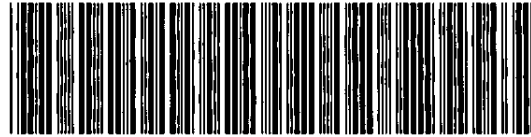
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/16/14--01021--016 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 16 AM 11:58

TO: PHYSICAL: Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING: Dept. of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.
5190 Neil Road Suite 430
Reno NV 89502
(800) 638-2320
(775) 329-0852

DATE: Monday, June 09, 2014

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

- Articles of Amendment to Articles of Organization
for MIRRA-Q, LLC

We have included payment in the amount of \$25.00 for the following fees:

- Filing fee

We have included one original and one copy of the Articles.

If there are any questions, please call 800-638-2320

**Please return the file stamped copy of the Articles to the
address below:**

Processing Department
5190 Neil Road Suite 430
Reno NV 89502

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIRRA-Q, 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:

Processing Department

Name of Person

Nevada Corporate Headquarters

Firm/Company

5190 Neil Road, Suite 430

Address

Reno, NV 89502

City/State and Zip Code

processingdepartment@nchinc.com

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

For further information concerning this matter, please call:

Donna J Rowe

Name of Person

at (

800 638-2320

) Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MIRRA-Q, 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 06/02/2014 and assigned
Florida document number L14000088263.

This amendment is submitted to amend the following:

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

MIRRAQ, 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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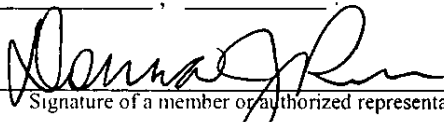
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 SECRETARY
 DIVISION OF LABOR & INDUSTRY
 14 JUN 16 4:11:58 PM

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 9th, 2014



Signature of a member or authorized representative of a member

Donna J Rowe

Typed or printed name of signee

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DIVISION OF CORPORATIONS
SECRETARY OF STATE

MIRRA-Q, LLC

Page 1 of 3

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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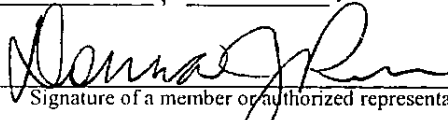
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Dated June 9th, 2014



Signature of a member or authorized representative of a member

Donna J Rowe

Typed or printed name of signee

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