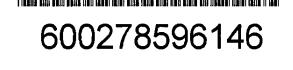
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	egistration Se Division of Cor				
ALIB ED CO	QualEx LL	C			
SUBJECT	l:	Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspo	ndence concerning this matter	to the following:		
		Bart Peters			
			Name of Person		
		Business Aviation Law Gr	oup		
			Firm/Company		
		1001 Jupiter Park Drive, S	uite 128		
			Address		•
		Jupiter, FL 33458		•	SECT
			City/State and Zip Code		
		bartp@businessaviationlaw	- •		1-2 PI
		E-mail address: (to be used for future annual report notif	ication)	四年 里 (
For further	r information c	oncerning this matter, please ca	all:		PH 4: 59 OF STATE
Bart Peter	s		at (888) GG1 -	- 3223	₩ ₩ ₩
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed i	s a check for th	ne following amount:			
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &

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**

QualEx LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number L15000149272	y were filed on September 1, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	bility 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:	HASSEE TO LE
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the nevere:
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 Agen	t:

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
AP	Rachel E. Peters	1001 Jupiter Park Drive, Suite 128	
		Jupiter, FL 33458	Remove
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an effective date is listed, the date rote: If the date inserted in this	nust be specific at block does not	nd cannot be prio meet the applic	r to date of filing c cable statutory f	or more than 90 filing requirem	days after f ents, this	iling.) Purs date will	suant to 605.02 not be listed
ocument's effective date on the				-			
record specifies a delay The 90th day after the re	ecord is filed	date, but no	ot an effectiv	e time, at	12:01 a.	m. on t	he earlier
October 19		2015					
To	7-1						
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Page 3 of 3

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