P13000045654

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SECRETARY OF STAIL
PVISION OF CORFORATION

AUG 2 0 2013

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Quirk, Inc.		
DOCUMENT NUMI	BER:		·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Benjamin Quirk		
		Name of Contact Person	n
	Quirk, Inc		
	Quint, mo	Firm/ Company	
	4.400 N. O	, -	
	1420 N Swinton Ave		
		Address	
	Delray Beach, FL 33	444	
		City/ State and Zip Cod	e
	المالية المحادث		
	ben.quirk@quirkl	nealthcare.com sed for future annual report	notification)
	D man address, (to be a	sea for fature annual report	nottication)
For further information	n concerning this matter, pleas	se call:	
Benjamin Quirk		_{at (} 510) 817-4138
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
☑ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mai	ling Address	Street	Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
	Box 6327 shassee, FL 32314		Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE 13 AUG 14 PM	
13 AUG 14 PM 2	

Quirk Inc.			AUG 14 PM .	``````````````````````````````````````
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	RUG 14 PM 3	÷ 35
P130000456	254			
(Documen	t Number of Corporation (if k	nown)		_
tursuant to the provisions of section 607. as Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation ad	opts the followin	g amendment(s)
. If amending name, enter the new na	me of the corporation:			
				_The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corporat		
3. Enter new principal office address, if applicable:		Quirk Inc.		
Principal office address <u>MUST BE A S</u>		1420 N. Swinton Av	/e	<u>-</u>
		Delray Beach, FL 3	3444	- -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Quirk Inc.		
		1420 N. Swinton Ave		_
		Delray Beach, FL	33444	-
). If amending the registered agent an new registered agent and/or the new		s in Florida, enter the nam	e of the	
Name of New Registered Agent	Benjamin Quirk			
	1420 N Swinton Ave			
	(Florida street	address)		
New Registered Office Address:	Delray Beach	. Florida	33444	
	(City)	1 101144	(Zip Code)	-
lew Registered Agent's Signature, if ch hereby accept the appointment as registe	nanging Registered Agent:	h and accept the obligations	of the nosition	
nevery accept the appointment as registe	stru agent. Tam jamitlar wit	m una accept the obligations	of the position.	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P, D	Benjamin Quirk	2835 Tigertail Ave
Add			Miami, FL 33133
X Remove			
2) Change	S	Megan Halligan	2835 Tigertail Ave
Add			Miami, FL 33133
X Remove			
3) X Change	<u>P, D</u>	Chris Quirk	1420 N Swinton Ave
Add			Deiray Beach, FL 33444
Remove			
4) Change	S, T	Kimberly Macauley-Quirk	1420 N Swinton Ave
X Add			Delray Beach, FL 33444
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
PPT 141100	

W	

The date of each amendment(s) adoption: August (D) DB date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	_, if other than the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated August 10,203	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	-
appointed fiduciary by that fiduciary)	
Danjamin Elik	_
(Typed or printed name of person signing)	
registered Tyen - MSIDENT	_

(Title of person signing)

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