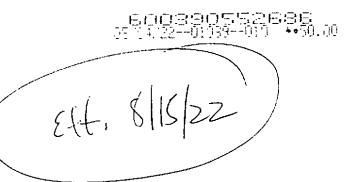
L22000158089

(Requestor's Name)		
(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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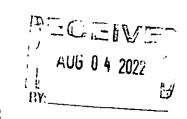
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CONE DAY: OF STATE

LANEAGGEE, FLORIBA

NO. 121





July 6, 2022

QUANTUM FORTUNE LLC 1864 CORNELL AVE WINTER PARK, FL 32789

SUBJECT: ALEJANDRO ANGEL INVESTMENTS LLC

Ref. Number: L22000158089

We have received your document for ALEJANDRO ANGEL INVESTMENTS LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II Supervisor

Letter Number: 022A00015110

COVER LETTER

Division of Corpo				
SUBJECT:	Hejandro Ana	jel Investr	nents LL	C
	Name of Limi	led Liability Company		
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all correspond	dence concerning this matter t	to the following:		
	Jorge Alej	und 10 Ange	l Tobon	
	Alejandro A	ngel Investi	ments LL	<u>c</u>
	1864 Cornel	AVR		
	Winter Par			
	<u> Winter Pari</u>	City/State and Zin Code	74787	
		1+@ hot mail. (c		
	E-mail address! (t	o be used for future annual	report notification)	
For further information cor	neerning this matter, please ca	11:		
Jorge A.	Anyel	at (401)	953-9694	
Name of I	Person M	Area Code	Daytime Telepho	ne Number
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	\$\square\	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Ac	ddress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company: (A Florida Limited Liab	Invest ments	ll C
(<u>Name of the Limited Liability Company</u> ; (A Florida Limited Liab	s it now appears on our recor lity Company)	rds.)
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{\angle 2Z - 158089}{}$	re filed on April O	2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
Quantum Fortune LLC		
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
_		282
		A TI
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
_	· · · · · · · · · · · · · · · · · · ·	
		36 36
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, <u>ente</u>	er the name of the new registe
agent and/of the new registered office address here.		
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street addr	ess
	1	7F
	, F	F lorida 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 f	further agree to comply with

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
			□Add
			□Change
			Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

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iote: If	e date, if other than the date of filing: 08/15/2022 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a t's effective date on the Department of State's records.
record :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	August 2nd 2022
	Signature of a member or authorized representative of a member Jorge Alejandro Angel Tobon Typed or printed name of signee

State of Florida

County of	Semina	18
OCULIE OI		

Sworn to (or affirmed) and subscribed before me by means of (X) physical presence or

Notary Public

Personally Known: _

Produced Identification: V

Type of Identification Produced: FIDL

Jason Dominguez
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG314515
Expires 6/18/2023