L22-000158089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2022 AUG -4 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC

N/C

8/22/22

DC

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

TO: **Registration Section**
Division of Corporations

SUBJECT: Alejandro Angel Investments 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:

Jorge Alejandro Angel Tobon
Name of Person

Alejandro Angel Investments LLC
Firm/Company

1864 Cornell Ave
Address

Winter Park Florida 32789
City/State and Zip Code

alejandroangelt@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge A. Angel at (407) 953-9694
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee

☒ $30.00 Filing Fee & Certificate of Status

☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ $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 Address:
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

Alejandro Angel Investments 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 April 01, 2022 and assigned Florida document number L22-158089.

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 "L.L.C" 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)

FILED
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TALLAHASSEE, FLORIDA

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 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

Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

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: 08/15/2022 **(optional)**

(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated August 2nd, 2022

Signature of a member or authorized representative of a member

Jorge Alejandro Angel Tobón

Typed or printed name of signee

State of Florida

County of Seminole

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

(_) online notarization this 2nd day of August , 2022 by Jorge Ansel .

_____

Notary Public

Personally Known: ____

Produced Identification: ✓

Type of Identification Produced: FL DL

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