L07000088523

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COVER LETTER

TO: Registration Section
Division of Corporations

Quantsoft Advisers 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:

Felipe Anziani

Name of Person

Quantsoft Advisers LLC

Firm/Company

2400 E. Commercial Blvd., Suite 828

Address

Fort Lauderdale, Florida, 33308

City/State and Zip Code

franzi@quantsoftadvisers.com

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

For further information concerning this matter, please call:

Felipe Anziani

___954\2**58-1597**

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quantsoft Advisers LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on or or or control company)	ır records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L07000088523</u>	lity Company were filed on August 2	28, 2007 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Quantsoft Management LLC		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the	e designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
	-	E C TO CONTROL
		AN G OFFI
Enter new mailing address, if applicable:		2 5 F
(Mailing address MAY BE A POST OFFICE BO)	- 	EG TO PET
Muning duaress MAT BE A TOST OFFICE BOX	<u> </u>	F. C
B. If amending the registered agent and/or r	registered office address on our re-	
registered agent and/or the new registered office		cords, enter the hame of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
		Plantia.
-	City	_, Florida

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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Type of Action Address** Remove Remove Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		
Dated Aug	ust 16th 2013	
	Man /	
-	Signature of a member or authorized representative of a member	
	Kevin Emery Control Co	
-	Typed or printed name of signee	

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Filing Fee: \$25.00

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