690000-39594

(Req	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
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B. BOSTICK
MAY 21 2014
EXAMINER

COVER LETTER

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TO: Registration Se Division of Cor				
Quar	ntum Assets Ll	_C		
SUBJECT:		ited Liability Company		•
			. ••	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Adam Avha	4		
	Auam Avna	Name of Person		
	Renaissance Co	ommunity Investr	ment Group LLC	
		Firm/Company		
	4611 SW 47	TH TER		
		Address		
	DAVIE FL, 3	33314		
		City/State and Zip Code		
	ADAMAVHAD@			
	E-mail address: (to be used for future annual re	eport notification)	
For further information of	concerning this matter, please c	all:		:
Adam Avha	ad	_{at} 954, 88	39-6297	-: .5
Name o	of Person	Area Code	Daytime Telephone Number	
				٠,,٠
Enclosed is a check for t	he following amount:			ं ज
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy		ng Fee, of Status &

(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quantum Assets LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records Liability Company)	•)
The Articles of Organization for this Limited Liability Company Florida document number L09000039594	were filed on 04/23/2009	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
Renaissance Community Investment Group LLC		
The new name must be distinguishable and end with 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)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		•
Enter new mailing address, if applicable:		3
(Mailing address MAY BE A POST OFFICE BOX)		ι,
Manning address Address Deliver Deliver Deliver		***
		<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>			□ Add
			☐ Remove
			☐ Add
			Remove
			Remove
		·	□ Remove
			Dadd □
			Remove
			<u></u>
			□ Remove

2. It amending any other informa	tion, enter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
. Effective date, if other than the (The effective date must be specific, cann the date this document is filed by the Florian transfer of the control of the	not be prior to date of receipt or filed date and cannot be more than 90 days after
Dated May 7	2014
	Adam Schal
Adam Avhad	Signature of a member or authorized epresentative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00