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(Re	equestor's Name)			
(Ac	ddress)			
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PICK-UP	TIAW	MAIL		
(Business Entity Name)				
(5.	zomooo Emily Mar	,		
(Document Number)				
Certified Copies	Certificates	s of Status		
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Special Instructions to Filing Officer:				

Office Use Only



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SECHETARY OF STATE TALLAHASSEE, FLORIC

T. CLINE
JUL 10 2009
EXAMINER

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

Re: Quantum Auctions LLC

Dear Sirs,

1 am enclosing an executed amendment with check #1015 for \$25.00 filing fee.

Feel free to contact me.

Sincerely,

Carlos Chomut

Quantum Auctions LLC

11900 Biscayne Blvd., Suite 522

Miami, FI 33181

305-893-8933

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUANTUM	AUCTIONS LLO	<u> </u>		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appea ted Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Comp	pany were filed on	05/01/2009	and assigned	
Florida document numberL0900042520				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	any," the designation "l		
Enter new principal offices address, if applicable:			ZOD9 J	
(Principal office address MUST BE A STREET ADDRES	<u></u>		HASS	
Enter new mailing address, if applicable:	<u> </u>		RN OF ST	
(Mailing address MAY BE A POST OFFICE BOX)			20 : 5m :	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	E	nter Florida street add	dress	
		Florida		
	City	, Florida	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 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member

Title Name **Address** Type of Action MGR SARGUS, DAVID JR 11900 BISCAYNE BLVD., SUITE 522 ☐ Add ✓ Remove MIAMI, FL 33181 Add Remove □ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Employer Identification Number: 26-4817815 JUNE 30 2009 Dated_ Signature of a member or authorized representative of a member **CARLOS CHOMUT** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00