

L 09 UUUUU 64736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

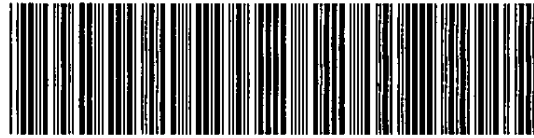
(Business Entity Name)

(Document Number)

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B. KOHR

SEP 18 2009

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 16 AM 8:25

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QUANTUM Q. ACQUISITIONS 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:

THELMA N. JOHNSON

Name of Person

Firm/Company

P.O. BOX 770486

Address

CORAL SPRINGS, FL. 33077

City/State and Zip Code

NERESSA@NERESSAJOHNSON.COM

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

For further information concerning this matter, please call:

THELMA NERESSA JOHNSON

Name of Person

at ( 561 )

503-8084

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 16 AM 8:25

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**QUANTUM Q. ACQUISITIONS LLC.**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 16 AM 8:25

The Articles of Organization for this Limited Liability Company were filed on JULY, 06, 2009 and assigned  
Florida document number L09000064736.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**QUANTUM LOAN MOD AND CONSULTING LLC**

The new name must be distinguishable and end with the words "Limited Liability 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)**

939 UNIVERSITY DRIVE

CORAL SPRINGS, FL

33071

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. BOX 770486

CORAL SPRINGS

FL. 33077

**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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

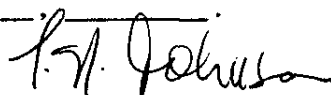
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

THELMA NERESSA JOHNSON

Typed or printed name of signee