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TALLAHASSEE, FLORIDA

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M. THOMAS

NOV 24 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUANTUM ON THE BAY 2514, 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:

NUR ISHAKI
Name of Person

18101 COLLINS AVENUE, SUITE 1604
Firm/Company
Address

SUNNY ISLES BEACH, FL 33160
City/State and Zip Code

noa.ishaki@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

NUR ISHAKI at (305) 793-3557
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

QUANTUM ON THE BAY 2514, LLC.

Page 1 of 2

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

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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Dated 11/19/, 2009.

Nur Ishaki
 Signature of a member or authorized representative of a member
NUR ISHAKI
 Typed or printed name of signee