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2089 NOV 23 AM II: 30

M. THOMAS

NOV 2 4 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		es.	
SUBJECT: QUAN		BAY 2514, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	NUR ISHAL	Name of Person	2019 NOV
	18101 COLLIA	Firm/Company IS AVENUE, SUI Address	FILED 2019 NOV 23 AM II: 30 3ECRETARY OF STATE ALLAHASSEE. FEDRIDA
	SUNNY ISLES	City/State and Zip Code	160
	noa. i Shaki 6	gmail. com to be used for future annual report notifica	tion)
For further information co	oncerning this matter, please c	-	,
NUR ISHAK Name of		at (<u>305)</u> 793 - 3 Area Code & Daytime T	557 elephone Number
Enclosed is a check for th	e following amount:		,
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	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**

QUANTUM ON THE BAY 2514, LLC. (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Li	ability Company)		
The Articles of Organization for this Limited Liability Company	were filed on November 10, 2009 and assigned		
Florida document number <u>L 09000 108 380</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
MOMENT AKISH, LLC.			
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviatio.		
Enter new principal offices address, if applicable:	2		
(Principal office address MUST BE A STREET ADDRESS)	SEC		
	ARE O		
	ASSET ASSET		
Enter new mailing address, if applicable:	79 7		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, enter the name of the nev		
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 Manage or Managing Member being added or removed from our records:

MGR = MA MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	./		Add
	·		Remove
***************************************			Add Remove
<u></u>			Add Remove
			Remove
			AddRemove
D. If amen	ding any other information, enter cl	hange(s) here: (Attach additional sheets, if necess	ary.)
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_		AHA \$SE	FIL 19 NOV 23
		2009.	
Dated	/19/	2009	<u>ω</u>
	Signature of a me	mber or authorized representative of a member	
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