# L10000097785

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

# Quantum Realty Soulutions, 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:

## William Andrews

Name of Person

# Quantum Realty Solutions, LLC

Firm/Company

462 33rd Ave N

Address

St. Petersburg, FL 33704

City/State and Zip Code

## bandrews@quantumrealtysolutions.com

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

For further information concerning this matter, please call:

## Bill Andrews

Name of Person

727, 422-47

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 MAY 19 PM 12: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Quantum Realty Solutions, LLC	.,	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.  Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000097785</u>	were filed on 9/20/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1751 22nd Ave N	
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33713	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		the name of the new
New Registered Office Address:	Enter Florida street address	
	, 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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jerry D White	4007 MERMOOR DR	<b>=</b> Add
		Palm Harbor, FL 34685	□ Remove
MGR	Carol A Simmons	1751 22nd Ave N	<b>≅</b> Add
		St. Petersburg, FL 33713	3_□ Remove
MGR	William Andrews	1751 22nd Ave N	
		St. Petersburg, FL 33713	Remove
AMBR	William Andrews	1751 22nd Ave N	 <b>≘</b> Add
		St. Petersburg, FL 33713	B_□ Remove
<u>P</u>	William Andrews	1751 22nd Ave N	□ Add
		St. Petersburg, FL 33713	Remove
			_
			_□ Add
			_□ Remove

D. It amending any othe	r information, enter change(s) here: (Attach additional sheets, if necessary.)
This is a N	Manager Managed LLC
•	
F Effective date if other	than the date of filing: (optional)
(The effective date must be s	pecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ed by the Florida Department of State)
Dated May 10th	2014
Duited	
	ut of an
	Signature of a member of authorized representative of a member
William	F Andrews, Jr
	Typed or printed name of signee

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Filing Fee: \$25.00

