#110000101830

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EXAMINER DEC 28 2010

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	QUANTUM	CONSULTING, LLC	
sebonet.		ited Liability Company	
	of Amendment and fee(s) are su	-	
Please return all corre	spondence concerning this matte	r to the following;	
		MARI DEWEES	
		Name of Person	
	QUA	NTUM CONSULTING,LLC	>
		Firm/Company	****
	1510 IM	PERIAL GOLF CRS. BL\	/D.
		Address	
q		NAPLES, FL 34110	
		City/State and Zip Code	
		qconsul@gmail.com to be used for future annual report no	tification)
For further information	n concerning this matter, please of	·	interiory .
ror turner information	ir concerning this matter, prease t	an,	
N	IARI DEWEES	at (239)	206-3219
Name of Person		Area Code & Dayti	me Telephone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS		CTDDETCOVE	NED ADDRESS

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

F/LE/D 10 DEC 23 AM 9: 59

SEURE FARY OF STATE

QUANTUM CON	NSULTING, LLC TALLAHASSEE FLORIDA
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL10000101830	were filed on OCTOBER 1, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and end with the words "Lim" L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1510 IMPERIAL GOLF CRS. BLVD
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL 34110
Enter new mailing address, if applicable:	P.O. BOX 111265
Mailing address MAY BE A POST OFFICE BOX)	NAPLES, FL 34108
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:	
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> **Address** Type of Action MR **NESTOR NUNEZ** 3031 HORIZON LANE ☐ Add Remove NAPLES, FL 34109 ☐ Add ☐ Remove _ Add Remove Remove ∏Add Remove ∏Add Remove **D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **NOVEMBER 15** 2010 Dated_ Signature of a member or authorized representative of a member MARI DEWEES Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00