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SECRETARY OF STATE
ALL AHASSEE FLORICA

D. BRUCE
MAY 1 0 2012
EXAMINER

COVER LETTER TO: Registration Section **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: 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

QUANTUM Lea	P Pett	SCHANCE		
(<u>Name of the Limited L</u> (A F	Liability Company as i Florida Limited Liabilit	t now appears on our records. y Company))	
The Articles of Organization for this Limited Lial Florida document number 20000	bility Company were	filed on <u>2 - 15 - 2</u> (212 and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability co	ompany here:		
The new name must be distinguishable and end with	AL	Life. Co	W. I. Cill	
"L.L.C."	ine words - Limited Lia	ibility Company, the designatio	Fig. 7	
Enter new principal offices address, if applicab	ole:		<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)		TARY HASSE	
Enter new mailing address, if applicable:	***************************************		OF STA	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	,		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office ace address here:	ldress on our records, <u>ente</u>	r the name of the new	
Name of New Registered Agent:	HAlsh/	M. DAMAVA	701	
New Registered Office Address:	Enter Florida street address			
	, Florida			
City		, Fiorma	Zip Code	
New Degistered Agent's Cioneture if changing Deg	intound Assauts			

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.

Stell Damalardi 4/5/12
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

Type of Action Title Address Name MERM Kenneth M. Kim Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00