# L17000 166719

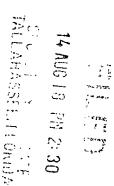
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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# **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	Antitative Name of Limit	Solutions, LLC ted Liability Company	<del></del>
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	S	cott Willard	
	Qna.	Name of Person  Alle Solutions  Firm/Company	
	19103	Waterway Roa	
	Jupiter Scottogua E-mail addresse: (10	City/State and Zip Code  City/State and Zip Code  Compose used for future annual report notific	cation)
For further information con	cerning this matter, please ca	Ш:	
Scott W,	Person	at (561) 2845 Area Code Daytime	1487 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

## TO ARTICLES OF ORGANIZATION OF

Quantitative	Solutions. LLC
(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on $\frac{7/26/13}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	pility company here:
The new name must be distinguishable and end with the words "Limited Lis	bility Company," the designation "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19103 Waterway Road
(Principal office address MUST BE A STREET ADDRESS)	Jupiter, FL 334691
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	19103 Waterway Road Jupiter, FL 33469
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: 1919	Buter Florida street address
	Florida 33465
New Registered Agent's Signature, if changing Registered Agent	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

### Authorized Member being added or removed from our records:

MGR = AMBR =	Manager - Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del></del> <u>-</u>	
			Remove
			Remove
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			□ Remove

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he effective d	te, if other than the date of filing:(optional) ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after occurrent is filed by the Florida Department of State)
he effective da he date this do	ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
he effective d	ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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