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2016 DEC 14 P 10:39
TALLAHASSEE, FL 32301

D. SCOTT
JAN 4 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

Florida EB-5 Quantum Investments, LLC

SUBJECT: _____
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:

Chris Koller

Name of Person

UniSource Tampa, Inc.

Firm/Company

718 Siesta Key Circle

Address

Sarasota, FL 34242

City/State and Zip Code

katkoller@gmail.com

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

For further information concerning this matter, please call:

Kathryn Nuckols

941

284-5421

at ()

Name of Person

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

FILED
2018 DEC 14 P 10:39
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Florida EB-5 Quantum Investments, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 11, 2015 and assigned
Florida document number L15000044615.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Kathryn Nuckols

New Registered Office Address: 718 Siesta Key Circle

Enter Florida street address

Sarasota Florida 34242

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael S. Bennett	7011 East 15th Street Sarasota, FL 34243	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	UniSource Tampa, Inc.		<input type="checkbox"/> Add
		718 Siesta Key Circle Sarasota, FL 34242	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kathryn A. Kofler, LLC		<input checked="" type="checkbox"/> Add
		718 Siesta Key Circle Sarasota, FL 34242	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MSB Investments, LLC		<input checked="" type="checkbox"/> Add
		7056 Hawks Harbor Circle Bradenton, FL 34207	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

210 DEC 14 F
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200 DEC 14 PM 10:39
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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 13, 2018

Chris Ko/S

Signature of a member or authorized representative of a member

Chris Kofler (Authorized Representative of UniSource **TAMPA INC**)

Typed or printed name of signee

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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