## 115000044615

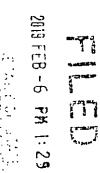
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| . PICK-UP WAIT MAIL                     |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |

Office Use Only



700324062027

02/08/19--01024--017 \*\*25.00



BRUCE FEB 14 7019

## **COVER LETTER**

|                  | gistration Sect<br>vision of Corpe |   |   |  |        |            |                    |
|------------------|------------------------------------|---|---|--|--------|------------|--------------------|
|                  |                                    | B-5 QUANTUM INVESTM                           | ENTS, LLC   |  |        |            |                    |
| SUBJECT          | :                                  | Name of Lim                                   | ted Liability Company   |  |        |            |                    |
| The enclose      | ed Articles of A                   | mendment and fee(s) are sub-                  | mitted for filing.  |  |        |            |                    |
| Please retur     | n all correspond                   | dence concerning this matter                  | to the following:   |  |        |            |                    |
|                  |                                    | Kathryn Nuckols                               |   |  |        |            |                    |
|                  |                                    | <del></del>                                   | Name of Person  |  |        |            |                    |
|                  |                                    | Kathryn A. Kofler, LLC                        |   |  |        |            |                    |
|                  |                                    | <del></del>                                   | Firm/Company  | <del></del>  |        |            |                    |
|                  |                                    | 4721 Valley Forge Lanc                        |   |  |        |            |                    |
|                  |                                    |   | Address   |  |        |            |                    |
| -                |                                    | Virginia Beach, Virginia 2                    | 3462  |  |        |            |                    |
|                  |                                    |   | City/State and Zip Code   | <del></del>  |        |            |                    |
|                  |                                    | katkofler@gmail.com                           |   |  |        |            |                    |
|                  |                                    | E-mail address: (                             | to be used for future annual report notific                         | cation)  | : :    | 2619       |                    |
| For further      | information cor                    | ncerning this matter, please ca               | all:  | ,  | 1 - 1  | 37         |                    |
| Kathryn N        | uckols                             |   | 941 284-5421<br>at ( )  |  | E (    | 9 – 8<br>9 | Castra<br>1        |
| Enclosed is      | Name of I                          | Person following amount:                      |   | l'elephone Number  |        | PM 1: 2    | Taranto<br>Taranto |
| <b>■</b> \$25,00 |                                    | \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60,00 Filing Fee<br>Certificate of Sta<br>Certified Copy<br>(additional copy is er | itus & | <b>്യമ</b> |                    |

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

| FLORIDA EB-5 QUANTUM INVESTMENTS,  |  |                   |             |
|--|--|-------------------|-------------|
| (Name of the Limited Liability Co<br>(A Florida Lim  | ompany as it now appears on our records.)<br>ited Liability Company) |                   |             |
| The Articles of Organization for this Limited Liability Comp   | pany were filed on March 11, 2015                                    | and assi          | gned        |
| 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 al                  | bbreviation "L.1. | C."         |
| Enter new principal offices address, if applicable:  |  |                   |             |
| Principal office address MUST BE A STREET ADDRESS  | <u> </u>   |                   |             |
| Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)                           |  |                   |             |
| 3. If amending the registered agent and/or registere registered agent and/or the new registered office address |  | the name o        | f the       |
|  |  | : •<br>.::        | 833         |
| Name of New Registered Agent:  |  | ***               | 5           |
| New Registered Office Address:   |  | .4)<br>51).       | <del></del> |
|  | Enter Florida street address   | -y                | 35          |
| ****   | , Florida  | <u> </u>          | <del></del> |
|  | City   | Zip Code          | <b>(20</b>  |

## 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

11 amending Authorized rerson(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> | Name                   | Address   | Type of Action |
|--------------|------------------------|---|----------------|
| MGR          | Michael S. Bennett     | 7011 E 15th Street<br>Sarasota, FL 34243        | DAdd           |
|              |                        |   | ■ Remove       |
|              |                        |   | Change         |
| AMBR         | UniSource Tampa, Inc.  | 718 Siesta Key Circle<br>Sarasota, FL 34242     | <b>□</b> Add   |
|              |                        |   | □ Remove       |
|              |                        |   | ☐ Change       |
| AMBR         | Kathryn A. Koller, LLC | 718 Siesta Key Circle<br>Sarasota, FL 34242     | ■ Add          |
|              |                        |   | □ Remove       |
|              |                        |   | Change         |
| AMBR         | MSB Investments, LLC   | 7056 Hawks Harbor Circle<br>Bradenton, FL 34207 | ■ Add          |
|              |                        |   | ☐ Removes      |
|              |                        |   | Change         |
|              |                        |   | D Add Z        |
|              |                        |   | □ Remova       |
|              |                        |   | Change         |
|              |                        |   |                |
|              |                        |   | Remove         |
|              |                        |   | Change         |

| · · · · · · · · · · · · · · · · · · ·  | uon, enter cnange(s) nere: (Attach additional sheets, if necessal  | <del></del>                           |
|--|--|---------------------------------------|
|  |  |                                       |
| <del></del>  |  | <del></del>                           |
|  |  |                                       |
|  |  |                                       |
|  |  |                                       |
| <del></del>  |  |                                       |
|  |  |                                       |
| <del></del>  |  | 2819 FT                               |
|  |  | ## B ##                               |
|  |  | 6 P.                                  |
|  |  | · · · · · · · · · · · · · · · · · · · |
|  | <del></del>  | 29                                    |
|  |  | <del></del>                           |
|  |  |                                       |
|  | <del></del>  |                                       |
| ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D | t be specific and cannot be prior to date of filing or more than 90 days after filin<br>ock does not meet the applicable statutory filing requirements, this dat | ig.) Pursuant to 605.0207 (3)(h)      |
| e record specifies a delayed<br>The 90th day after the rec   | effective date, but not an effective time, at 12:01 a.m ord is filed.  | . on the earlier of:                  |
| Pated February 1   | 2019   |                                       |
| Kert N   | Signature of a member or authorized representative of a member   | <u>_</u>                              |
| / A  |  | LANGEROOF C                           |
| Kathryn Nuckols (A   | Horney & Authorized Representative of Typed or printed name of signee  | Bonne                                 |

Page 3 of 3

Filing Fee: \$25.00