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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ruantum & Quantum LLC 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:
Santiago Illia Name of Person
Quantum & Quantum LLC Firm/Company
2544 SW 14 AVE ApT #102
Ft. Lauderdale Ft 33315 City/State and Zip Code
Santirealestate @ yahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Santiago III a at 305, 502 7888 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) 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 & Quan	tum LLC		
(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	•	and assign	ned
The new name must be distinguishable and contain the words "Limited Liabili		inting "I I ((1 M
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2544 SW 14 Ave Fr Lauderdale - F	1 - 3	<u>t 10</u> 2 3315
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2544 SW 14 Ave Ft. Lauderdale - F	Ap	<u>T10</u> 2 33315
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		name of	the new
New Registered Office Address:	Enter Florida street address	3 	LY BC DEVI
	, Florida City 2	Lip Code T	_

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 ompany 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, <u>enter the title, name, and address of each person_being added</u> or <u>removed from our records</u>:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Santiago Illia	2544 SW 14 Ave Apt # 102	
MER		Fort Lauderdale, FL 33315	Remove
			Change
AMBR MGR	Magdalena Illia	8500 Byron Ave #4	8 Add
MGIL		Miami Beach, Fr 33141	☐ Remove
			Change
Ambe MGR	Hernan Blousson	City of Buenos Aires	® Add
MGR		Argentina	Remove
	0 .		Change
AMBR MGR	Eduardo Pelaez		🖸 Add
1 HOK			Remove
	T		Change
MER	Jose Coll	1953 Harbor View ar	D Add
MOL		Weston - Fc - 33327	Remove
			SECRETAR DIVISION OF C
			Remove
			Change
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ective date, if other than effective date is listed, the date: If the date inserted in cument's effective date on record specifies a de	ate must be specific at this block does not the Department of the	and cumor be prior to the meet the applica of State's records.	ble statutory filing	requirements, this	filing.) Pursuant to 605.02 date will not be listed
he 90th day after the					
ed anuary	16th	, 2018	Den II	n 0	18 JAH 31
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	Signature of	a member or author	rized representative of	amember	<u> </u>
<i>─</i>	Signature of	a member or autho	rized representative of	a member	

Page 3 of 3

Filing Fee: \$25.00