

L15000192777

016-0019 08:31:23 EDT

1323893150 From: Christian Gamboa

Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : I2001000062
Phone : (323)962-8600
Fax Number : (323)962-3889

L15-192777
NC Amend ✓

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RSSI LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

FILED
16 JUN -9 AM 10:53
DEPT. OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 JUN -9 AM 10:11
DEPT. OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RSSI 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:

Cheyenne Moseley

Name of Person
Legalzoom.com, Inc.

Firm/Company
101 N. Brand Blvd., 11th Floor

Address
Glendale, CA 91203

City/State and Zip Code
Robert.beland@comcast.net

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

For further information concerning this matter, please call:

Imelda Vasquez at (**800**) **773-0888 ext. 9724**

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 Stams & 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

RSSI LLC

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

FILED
16 JUN -9 AM 10:58
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/13/2015 and assigned
Florida document number L15000192777

This amendment is submitted to amend the following:

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

Quantic Consultants, LLC

The new name must be distinguishable and end with 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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

JUN - 9 AM 10:33
 STATE OF FLORIDA
 TALLAHASSEE

E. Effective date, if other than the date of filing: _____ (optional)
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 6, 2016

Robert Beland

Signature of a member or authorized representative of a member

Robert Beland

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA