

L16 0000 13833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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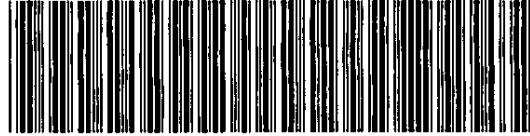
(Business Entity Name)

(Document Number)

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16 JUL 27 AM 7:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUANTILUME, 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:

HILARY CULLEN

Name of Person

QUANTILUME, LLC

Firm/Company

135 NE 1ST AVENUE #5

Address

DELRAY BEACH, FL 33444

City/State and Zip Code

h_cullen@yahoo.com

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

For further information concerning this matter, please call:

HILARY CULLEN

Name of Person

561

at (_____) _____

Area Code

926-3265

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

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

QUANTILUME, 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 JANUARY 20, 2016 and assigned
Florida document number L16000013833.

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:

135 NE 1ST AVENUE #5

(Principal office address MUST BE A STREET ADDRESS)

DELRAY BEACH, FL 33444

Enter new mailing address, if applicable:

135 NE 1ST AVENUE #5

(Mailing address MAY BE A POST OFFICE BOX)

DELRAY BEACH, FL 33444

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:

HILARY CULLEN

New Registered Office Address:

135 NE 1ST AVENUE #5

Enter Florida street address

DELRAY BEACH

City

Florida

33444

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	HILARY CULLEN	135 NE 1ST AVENUE #5	<input checked="" type="checkbox"/> Add
		DELRAY BEACH, FL 33444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEVEN SCHWARTZ	110 N. FEDERAL HWY #609	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDREW SUTTON	269 NE 2ND AVE UNIT 1	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

16 JUN 27 AM 7:18
STATION OF STATE
FALLAHSITE, FLORIDA

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 July 22, 2016


Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

HILARY CULLEN, AUTHORIZED REPRESENTATIVE FOR MEMBER

Typed or printed name of signee