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(((H18000234286 3)))



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUANTUM RESIN SYSTEMS NORTH AMERICA, LLC

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# **FAX COVER SHEET**

ТО	SUNBIZELC
COMPANY	FL DEPT OF STATE - DIVISION OF CORPORATIONS
FAX NUMBER	18506176383
FROM	MikeNatarus
DATE	2018-08-10 18:39:15 GMT
RE	QUANTUM RESIN SYSTEMS NORTH AMERICA LLC -
amendment	

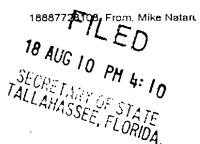
### **COVER MESSAGE**

QUANTUMRESIN SYSTEMS NORTH AMERICA LLC - amendment

To: SUNBIZILLC Page 3 of 5

2018-08-10 18:39.39 (GMT)

# H18000234286 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



QUANTUM RESIN SYSTEMS NORTH.	
(Name of the Limited Liability Compa (A Florida Lanated )	any as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000077797</u>	were filed on APRIL, 21ST, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4301 NW 35TH AVE. (*ENTRANCE AT 3501 NW 41ST STREET)
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33142
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new $\underline{c}$ :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida \_

Page 1 of 3

2018-08-10 18 39:39 (GMT) H18000234286 3

if amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Rémove
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			TALLAH SSEE FLORID
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If amending any other information, enter change(s) here: (Aua	ch additional sheets, if necessary.)
***	
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Effective date, if other than the date of filing:	(optional)
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt of filed date relies date this document is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
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Typed or printed name of signee

Page 3 of 3