

L16000077797

Florida Department of State
Division of Corporations
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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

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

COVER MESSAGE

QUANTUM RESIN SYSTEMS NORTH AMERICA LLC - amendment

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

18887723108 From: Mike Natari

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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TALLAHASSEE, FLORIDA

QUANTUM RESIN SYSTEMS NORTH AMERICA, 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 APRIL, 21ST, 2016 and assigned Florida document number L16000077797.

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 end with the words "Limited Liability 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 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

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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:

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

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 AUGUST, 3RD 2018



Signature of a member or authorized representative of a member

ALESSANDRA SGARZI SERRA O ANARGYROU

Typed or printed name of signer

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