Division of Corporations

8/9/17, 3:12 PM

L17000115554

Florida Department of State
Division of Corporations
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(((H17000211001 3)))

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

From:
Account Name : PIERO SALUSSOLIA CORPORATE MANAGEMENT INC.
Account Number : I20150000007
Phone : (305)373-7016
Fax Number : (305)373-7017

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

Email Address: hlockmonica@hotmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

QUANTUM LEADER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	[illegible]

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2017 AUG 17 PM 4:59
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TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

FILED
17 AUG 17 AM 9:44

https://efile.sunbiz.org/scripts/efil.covr.exe

Page 1 of 2

(H17000211003)

TO
ARTICLES OF ORGANIZATION
OF

QUANTUM LEADERS 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 05/24/2017 and assigned Florida document number L17000115543.

This amendment is submitted to amend the following:

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

N/A.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

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DIVISION OF CORPORATIONS

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

7457 NW 113TH CT
DORAL, FL 33178

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7457 NW 113TH CT
DORAL, FL 33178

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: MARIA CAMILA LAVERDE

New Registered Office Address: 7457 NW 113TH CT
Enter Florida street address

DORAL, Florida 33178
City *Zip Code*

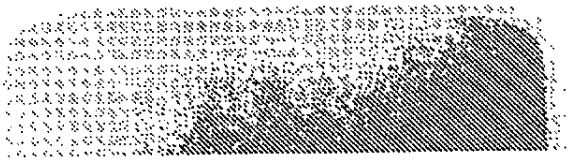
New Registered Agent's Signature, if changing Registered Agent:

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.

Maria Camila Laverde

If Changing Registered Agent, Signature of New Registered Agent

(H17000211003)



or removed from our records: (H17 0002 1100 13)

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	TIRADO MONICA	350 S MIAMI AVENUE UNIT 511	☐ Add
		MIAMI FL 33130	■ Remove
			☐ Change
MGR	MARIA CAMILA LAVERDE	7457 NW 113TH CT	■ Add
		DORAL FL 33178	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change

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(H17000211003)

N/A

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E. **Effective date, if other than the date of filing:** AUGUST 9, 2017 **(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 08/09/17

Signature of a member or authorized representative of a member

ALEXANDER QUINTERO

Typed or printed name of signee

(H17000211003)