

L17000138985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

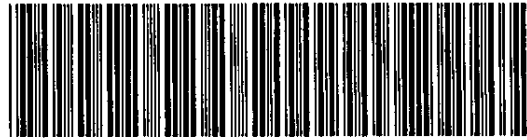
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

SEP 25 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Amend Quantum Light Realty 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:

Lee Smith

\_\_\_\_\_  
Name of Person

Quantum Light Realty LLC

\_\_\_\_\_  
Firm/Company

1022 Versant Dr Apt 104

\_\_\_\_\_  
Address

Brandon, FL 33511

\_\_\_\_\_  
City/State and Zip Code

quantumlightrealty@gmail.com

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

For further information concerning this matter, please call:

Lee Smith

904 327-5384  
at ( )

\_\_\_\_\_  
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 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

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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>
AMBR	Crystal-Dior Glover	2000 W. Palmyra Ave Unit 33	<input type="checkbox"/> Add
		Orange, CA 92868	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Clarissa Grissette	5515 Legacy Crescent Place	<input checked="" type="checkbox"/> Add
		Unit 102	<input type="checkbox"/> Remove
		Riverview, FL 33578	<input type="checkbox"/> Change
C/MGR	Lee Smith	1022 Versant Dr Apt 104	<input type="checkbox"/> Add
		Brandon, FL 33511	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Add EIN number: 82-1987036

[illegible]

**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 September 18, 2017

Lee Smith

Signature of a member or authorized representative of a member

Lee Smith

Typed or printed name of signee

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