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COVER LETTER

TO:	Registration Sec Division of Corp			rb.
CUBIC	Amend Qua	ntum Light Realty LLC		
SORIE	СТ:	Name of Limit	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please r	eturn all correspon	ndence concerning this matter t	o the following:	
		Lee Smith		
			Name of Person	
		Quantum Light Reatty LLC		
			Firm/Company	
		1022 Versant Dr Apt 104		
			Address	
		Brandon, FL 33511		
			City/State and Zip Code	
		quantumlightrealty@gmail.c		
			o be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please ca	II:	
Lee Sm	iith		904 327-5384	
•	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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

(Name of the Lim	ited Liability C (A Florida Lir	Company as it now appears on our reconited Liability Company)	cords.)		
The Articles of Organization for this Limited I			and assigned		
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited	l liability company here:			
N/A					
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 appli	icable:	N/A	N/A		
(Principal office address MUST BE A STRE	ET ADDRES	<u> </u>			
Enter new mailing address, if applicable:		N/A			
, 11	E BOV				
(Mailing address MAY BE A POST OFFICE	2 BUA)				
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			ords, enter the name of th		
Navy Payintared Office Address	N/A				
New Registered Office Address:		Enter Florida street ad	dress		
			, 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Crystal-Dior Glover	2000 W. Palmyra Ave Unit 33	
		Orange, CA 92868	Remove
			☐ Change
MGR	Clarissa Grissette	5515 Legacy Crescent Place	∃ Add
		Unit 102	☐ Remove
		Riverview, FL 33578	Change
C/MGR	Lee Smith	1022 Versant Dr Apt 104	Add
		Brandon, FL 33511	□ Remove
			■ Change
			Remove
			☐ Change
			□ Add
			SEPEZ PA I: MOOVE
			☐ Change

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ffective date, if other than the date in the date in listed, the date must be a listed. If the date inserted in this blocklocument's effective date on the Dep	e specific and cannot be price k does not meet the appli	cable statutory filing requiren	nents, this date will not b	to 605.0207 e listed as
e record specifies a delayed of the 90th day after the recor		ot an effective time, at	12:01 a.m. on the ϵ	earlier of
September 18 ated	2017			
Lee	Smith	_	26	17
S	gnature of a member or auth	norized representative of a memb	per E	<u> </u>
Lee Smith			ASST VASA	3 =
	Typed or prin	ted name of signee		
	Doo	e 3 of 3	STAT	

Filing Fee: \$25.00