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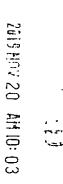
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CAPITAL CONNECTION, INC.

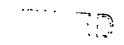
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Quantum Billing LLC				
		,	-	
				Art of Inc. File
· · · · · · · · · · · · · · · · · · ·	-			LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
		į		Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
oighature .			<u></u>	Vehicle Search
				Driving Record
Requested by: seth	11/10/10			UCC 1 or 3 File
Name	$\frac{11/19/19}{Date}$	Time		UCC 11 Search
Haille	Date	Time	·	UCC 11 Retrieval
Walk-In Forcer's Printing - Thomasume SA &FOC	Will Pick Up			Courier

COVER LETTER

	Registration Sec Division of Corp			
elib ira	Quantum B	illing LLC		
SUBJEC	· ·	Name of Lin	nited Liability Company	
The enclo	sed Articles of .	Amendment and fec(s) are sub	omitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Ivona Karakutovska		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Quantum Billing LLC		
			Firm/Company	
		2637 E Atlantic Blvd Ste	1113	
			Address	
		Pompano Beach FL 3306	2	
		***************************************	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		info@quantummovingands	-	
			to be used for future annual report notif	fication)
For furthe	r information co	oncerning this matter, please c	all:	
Ivona Ka	rakutovska		866 856-1671 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed:	is a check for th	e following amount:		
≡ \$25.0	0 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)
R D P	Agiling Address Registration S Division of Co 2.O. Box 6327 allahassee, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 MOY 20 AH 10: 03

Quantum Billing LLC				ιο. υ,
(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appear. Liability Company)	on our records.)	
he Articles of Organization for this Limited	Liability Company	were filed on 02/	08/2018 and assig	ened
orida document number L18000036320				,
his amendment is submitted to amend the fo	llowing:			
. If amending name, enter the new name	of the limited liab	oility company he	<u>.</u> ē:	
te new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the abbreviation "L.L.	.C."
nter new principal offices address, if appl	icable:	2637 E Atlantic	Blvd	
rincipal office address MUST BE A STRE	ET ADDRESS)	Ste 1113		
		Pompano Beach	FL 33062	
iter new mailing address, if applicable:		2637 E Atlantic	3Ivd	
Mailing address MAY BE A POST OFFICE BOX)		Ste 1113		
		Pompano Beach	FL 33062	
If amending the registered agent and/or ent and/or the new registered office address Name of New Registered Agent:	registered office a ess here: Ivona Karakuto		cords, <u>enter the name of the new</u>	registe
Name of New Registered Agent:				
New Registered Office Address:	2637 E Atlantic			
	Dommer D. J		a street address	
	Pompano Beach	City	Florida 33062	<u> </u>
		Cuy	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

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>	Type of Action
AMBR	Ivona Karakutovska	2637 E Atlantic Blvd	
		Ste 1113	
		Pompano Beach FL 33062	■ Change
			
			□Change
			□Add
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		·	
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	ormation, enter change(s) here: (At		
			
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ffective date, if other than an effective date is listed, the date ote: If the date inserted in the ocument's effective date on the	the date of filing: e must be specific and cannot be prior to date on the specific and cannot be prior to date on the specific and cannot be prior to date on the specific and cannot be prior to date on the specific and specif	of filing or more than 90 days after filing atutory filing requirements, this da	l) (g.) Pursuant to 605.020 te will not be listed as
record specifies a dela The 90th day after the	ayed effective date, but not an e record is filed.	effective time, at 12:01 a.m	. on the earlier o
ated November 20	2019 Signature of a member of authorized re	presentative of a manda-	
lyona Karakutovska		presentative (i) a member	
ryona warakutovski	ā.		

Page 3 of 3

Filing Fee: \$25.00