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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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COVER LETTER

TO:

Registration Section

Division of Cor	rporations			
	JSA Aquarium Prouets	-		
SUBJECT:	Name of Lim	uted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	William Harris			
		Name of Person		
	Quantum USA Aquarium l	Products		
		Firm/Company		
	3136 Skyhawk Dr			
		Address		
	Crestview, FL 32539			
	~ -	City/State and Zip Code		
	will@quantumusa.us			
	E-mail address: t	to be used for future annual report notification)		
for further information c	concerning this matter, please ca	all:		
William Harris		at ()		
Name o	r Person	Area Code Daytime Telephone Number		
Enclosed is a check for th	he following amount:			
□ \$25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy radditional copy is enclosed) ☐ Certified Copy radditional copy is enclosed		
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#2182:13 PHIZ:06 Quantum USA Aquarium Products 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 $\frac{6/4/2018}{1}$ ____ and assigned Florida document number 1.18000137744 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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

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 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 (## Similar	PH12: 76
MGR	Lee Beldock	187 Brooks St SE Unit A303	
		Fort Walton Beach, FL 32548	
		187 Brooks St SE Unit A303	
MGR Joann Beldock	Joann Beldock	Fort Walton Beach, FL 32548	≅ √.13
			□Remove
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			□Remove
			□Change

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n effective date, if other than the n effective date is listed, the date must te: If the date inserted in this bloomment's effective date on the D	e date of filing:
cord specifies a delayed effectiv s filed.	we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
September 9	2021
- 1	

Typed or printed name of signee