## L1900011/082

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| (Requestor's Name)   |
| (Address)  |
| (Address)  |
| (City/State/Zip/Phone #)   |
| PICK-UP WAIT MAIL  |
| (Business Entity Name)   |
| (Document Number)  |
| Certified Copies Certificates of Status  |
| Special Instructions to Filing Officer:  |
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| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status |

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## **COVER LETTER**

| TO: Registration S<br>Division of Co |  |   |   |
|--------------------------------------|--|---|---|
| QUANT<br>SUBJECT:                    | TUM CAPITAL INVESTMENTS FL                   | JND 1, LLC  | iling.  wing:  ZATAN TREVINO  of Person  /ESTMENTS FUND 1, LLC  /Company  /NE BLVD. SUITE 300  ddress  FL 33131  and Zip Code  tumcapitalinv.com  r future annual report notification)  305  922-6668  Area Code  Daytime Telephone Number  10 Filing Fee & |
| Jobseff                              | Name of Lim                                  | ited Liability Company  | <del></del>   |
| The enclosed Articles of             | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all corresp            | ondence concerning this matter               | to the following:   |   |
|                                      | AL   | BERTO MAZATAN TREVINO   |   |
|                                      |  | Name of Person  |   |
|                                      | QUANTUM                                      | CAPITAL INVESTMENTS FUND 1, LLC                                     | C   |
|                                      |  | Firm/Company  | - <del></del>   |
|                                      | 100 SO                                       | UTH BISCAYNE BLVD. SUITE 300  |   |
|                                      |  | Address   | <del></del>   |
|                                      |  | MIAMI, FL 33131   |   |
|                                      |  | City/State and Zip Code   | ·····   |
|                                      |  | atan@quantumcapitalinv.com  | cation  |
| For further information              | concerning this matter, please co            | ·   | Cationy   |
| ALBERTO MA                           | ZATAN TREVINO                                | 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) | Certificate of Status & Certified Copy  |
|                                      |  |   |   |

MAILING ADDRESS:

TO:

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

| QUANTUM CAPITAL IN  | VESTMENTS FUND 1, L                              | LC ( )  |
|---|--|---|
| (Name of the Limited Liability Co<br>(A Florida Limi  | mpany as it now appear<br>ted Liability Company) | s on our records.)                            |
| The Articles of Organization for this Limited Liability Comp.  Florida document number                          | any were filed on                                | 04/23/2018 May 29 A 11: 39 and assigned       |
| This amendment is submitted to amend the following:   |  |   |
| A. If amending name, enter the new name of the limited l  | liability company he                             | <u>re</u> :                                   |
| The new name must be distinguishable and contain the words "Limited L   | iability Company," the de                        | esignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | <del> </del>                                     |   |
| (Principal office address MUST BE A STREET ADDRESS  | <u> </u>   |   |
|   | <del> </del>                                     |   |
| Enter new mailing address, if applicable:   | <del></del>                                      |   |
| Mailing address MAY BE A POST OFFICE BOX)   | <u></u>  |   |
|   |  |   |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address |  | our records, enter the name of the r          |
| Name of New Registered Agent:   |  |   |
| New Registered Office Address:  | ph . p-4   |   |
|   | Enter Flor                                       | ida street address                            |
|   |  | , 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

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>  | Address                           | Type of Action |
|--------------|--|-----------------------------------|----------------|
| MGR          | QUANTUM CAPITAL INVESTMENTS LLC                        | 100 SOUTH BISCAYNE BLVD SUITE 300 | Add            |
|              |  | MIAMI, FL 33131                   | ■ Remove       |
|              |  |                                   | Change         |
| MGR          | QUANTUM CAPITAL INVESTMENTS<br>OPPORTUNITY FUND 1, LLC | 100 SOUTH BISCAYNE BLVD SUITE 300 | ■ Add          |
|              |  | MIAMI, FL 33131                   | Remove         |
|              |  |                                   | Change         |
|              |  |                                   | D Add          |
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|              |  |                                   | ☐ Change       |

| If arhending a                         | any other information, enter chan                                   | ge(s) here: (Attach addition  | onal sheets, if necessary.)   |       |
|--|---|---|---|-------|
| <u></u>                                |   |   |   |       |
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|  |   |   |   |       |
| (If an effective da<br>Note: If the da |   | mot be prior to date of filing or m<br>the applicable statutory filin | (optional) ore than 90 days after filing.) Pursuant to 605. g requirements, this date will not be liste |       |
|  | pecifies a delayed effective date<br>day after the record is filed. | e, but not an effective t   | ime, at 12:01 a.m. on the earlie  | er of |
| Dated                                  | MAY 23  | 2019  |   |       |
|  | $\triangle$   | MA  |   |       |
|  | Signature of a mem  | ber or authorized representative                                      | of a member   |       |

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Typed or printed name of signee

Filing Fee: \$25.00