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S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Quantum I	Natural Associates LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	Name of the	med manny company	
The ancloved Articles of	Amendment and fee(s) are sub	writed for filing	
The enclosed Afficies of	Amendment and rec(s) are suc	smuce for ming.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael Boling		
		Name of Person	
	Quantum Naturals Associa	ites	
		Firm/Company	
	2314 Whitfield Industrial	Way	
		Address	
	Sarasota, Fl 34243		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Michael Boling		941 5397878	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	
Registration 9 Division of C		Registration Sc Division of Co	
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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 \approx

Quantum Natural Associates LLC		3 7
(Name of the Limited Liability Com (A Florida Limited	pany <u>as it now appears on our records.)</u> d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number	ny were filed on	and essigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" o	r the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florie	da

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, 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	BRYAN L MUDGE	3732 5TH AVE WEST	
		184 184 187 187 187 187 187 187 187 187 187 187	□Add
		PALMETTO, FL 34221	≣Remove
			□Change
			□Add
			□Remove
			□ Change
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Frective date, if other than the date of filing: (07/29/2020 (optional) (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, atts: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to exament's effective date on the Department of State's records. 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 is filed. Signature of a member or authorized representative of a member. Michael Rahman Arged or printed name of signee.		
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