<u>L20000</u>	<u>773360</u>
(Requestor's Name) (Address) (Address)	300342296303
(City/State/Zip/Phone #)	03/27/2001007017 +*25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
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COVER LETTER

TO: Registration Section Division of Corporations

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Quantum NanoStim LLC

SUBJECT:

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Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Thomas B. Reilly				
	<u> </u>	Name of Person			
Quantum NanoStim					
Firm/Company					
	213 126th Avenue				
		Address			
	Treasure Island, Florida 3.	3706			
	<u> </u>	City/State and Zip Code			
	Dr.reilly@gmail.com				
	E-mail address: (to be used for future annual report notifi	cation)	• • •	
For further information c	oncerning this matter, please c	all:		z :	
Thomas B. Reilly		516 680-8080 at ()			ינ יז
Name o	f Person		Telephone Number	-5 -5	0r 51 M 1083
Enclosed is a check for the	he following amount:			-	0,
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &	
<u>Mailing Addres</u> Registration Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	<u>Street Address:</u> Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

	OF	and the second se
Quantum NanoStim LLC		د. م
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) (ted Liability Company)	C: 7: 4
The Articles of Organization for this Limited Liability Comp	any were filed on 03/09/2020	and assigned
Florida document number <u>L20000077336</u>		
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 L	iability Company." the designation "LLC" or the obbrev	riation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	/	
B. If amending the registered agent and/or registered off	ice address on our records, <u>enter the name o</u>	<u>f the new register</u>
agent and/or the new registered office address here:		
Name of New Registered Agent:	/	
New Registered Office Address:		
	Enter Florida 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 vriting of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Thomas B. Reilly	213 126th Avenue	XAdd
		Treasure Island	🗆 Remove
		Florida 33706	Change
			⊡Add
			🗆 Remove
			Change
			🗆 Add
		🗆 Remove	
			Change
			🗆 🖂 Add
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	<u> </u>	🗆 Remove	
			Change
	<u> </u>		🗆 Add
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _______(optional) (If 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated	March 24		2020	
Dated		•••••	·	
	Thomas B. Rei	lly MD	Thermis Keelly	
	Senature of a member or authorized representative of a membe			-

Thomas B. Reilly

Typed or printed name of signee