

121000455963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Quantum Touch Realty LLC

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:

Angelika Nowicki

Name of Person

Firm/Company

3116 Wolfe RD

Address

Clearwater

City/State and Zip Code

angelnow2004@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelika Nowicki

727

2352055

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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32310

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Quantum Touch Realty 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 10/19/2021 and as
Florida document number L21000455963.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Quantum Touch Homes LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L

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 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 con
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabi
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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C

[illegible]

(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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I document's effective date on the Department of State's records.

Dated November 15 th, 2021

Amplitude monitor