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(Requestor's Name)	•
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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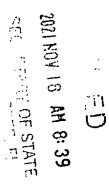
A. RIVERS

DEC - 6 2021



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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		ouch Realty LLC		
SUBJE		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please n	eturn all correspo	ndence 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	to be used for future annual report noti	fication)
For furti	ner information c	oncerning this matter, please ca		
Angelik	a Nowicki		727 2352055 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$25	.00 Filing Fee	S30.00 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)

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
(A	A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L21000455963</u>	bility Company were filed on 10/19/2021 and as
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	the limited liability company here:
Quantum Touch Homes LLC	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "
Enter new principal offices address, if applicat	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>OX)</u>
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, enter the name of the ne here:
Name of New Registered Agent:	의로 방
New Registered Office Address:	<u></u> α
	Enter Florida street adikess

New Registered Agent's Signature, if changing Registered Agent:

Quantum Touch Realty LLC

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 ti	itle, name,	and address	of each	person
or removed from our records:					

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type ·
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			□R₁
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ffective date, if other than the dat	e of filing: 11/15/2021	(optional)
an effective date is listed, the date must be	specific and cannot be prior to date of fili	(optional) ng or more than 90 days after filing.) Pursuan
ocument's effective date on the Depar		ry filing requirements, this date will not
1 1 1 Com 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The Office of the The Office of
record specifies a delayed effective da lis filed.	te, but not an effective time, at 12:0	a.m. on the earlier of: (b) The 90th d
November 15 th	2021	