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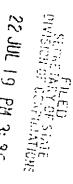
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S. CHATHAM OCT 1 1 2022



COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Quantum I	Insurance Solution ited Liability Company	ons LLC.
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Ferna	indo Buratt	ini
		n In Surance Firm/Company	
	3548 D	eer Creek Pal	Vadian Circle
		Addiess	
	info O	City/State and Zip Code O Va ~65 in to O he to be used for future annual report not	33442 alth Gugassist. Com
For further information co	ncerning this matter, please or		
Fernando Banne of	ura.Hini Person	at (<u>954</u>) <u>882</u> Area Code) Daytir	- 77/2 ne Telephone Number
Enclosed is a check for the	: following amount:		
□ S25.00 Filing Fee	D. \$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 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quantum Insuran	ce Solutions L	LC
(Name of the Limited Liability Compa) (A Florida Limited L	ny <mark>as it now appears on our rec</mark> liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L220002C/263</u>	were filed on 06/07	/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>		
The new name must be distinguishable and contain the words "Limited Liabil"	ity Company," the designation "I	JAC" or the abbreviation "L.L. C"
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
		S 250
Enter new mailing address, if applicable:	N/A	10 to
(Mailing address MAY BE A POST OFFICE BOX)		<u>≇ 305</u> <u>9 37</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>en</u> t	ter the name of the new registered
Name of New Registered Agent:	<u>/A</u>	
New Registered Office Address:	<u>//}</u>	
·	Enter Florida street ade	lress
		Florida
	Ciţy	Sib Cour.
New Registered Agent's Signature, if changing Registered Agent:		

Thereby 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 for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> <u>Address</u> Type of Action Shane Ibraimor 2491 NW 16th Ct Widd MGR Fort Landerdole, FL, 33311 -Remove □Change ₽lAdd ______ □Remove _____ 🗀 Add □Remove _____ FlChange

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			07,	/18/	2022		1.
effective date is li		specific and	cannot be prior	to date of filin	g or more than ^e		ng.) Pursuant to 605/02
	iserted in this block re date on the Depai				y filing require	ments, this di	ite will not be listed
cord specifies a stilled.	delayed effective da	ite, but not	an effective t	ime, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day after th
od <u>Jol</u>	y Fosteen	<i>rh</i>	202	<u>2</u> .			
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