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## **COVER LETTER**

	Registration Sect Division of Corpo		·	
SUBJEC	T: Quantum Unl	limited Rentals LLC.		
	<del></del>	Name of Lim	ited Liability Company	
The encl	osed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspond	dence concerning this matter	to the following:	
		Nicholas DeVito		
			Name of Person	
		Quantum Unlimited Renta	ls LLC.	
			Firm/Company	
		18552 SE Heritage Dr.		
			Address	
		Tequesta, FL 33469		
			City/State and Zip Code	
		lakemaryrentalsqu@gmail.c E-mail address: (1	com to be used for future annual report i	notification)
For furth	er information cor	ncerning this matter, please ca	all:	
Nichola	s DeVito		at ( 203 ) 969-5789 Area Code Day	)
	Name of I	Person	Area Code Day	time Telephone Number
Enclosed	l is a check for the	following amount:		
<b>■</b> \$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:		Street Address:	<u>:</u>

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

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 UNLIMITED RENTALS 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 8/10/2022 and assigned Florida document number L22000352561 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 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 pegistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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>	Address	Type of Action
MGR	SARAH DEVITO	18552 SE HERITAGE DR.	■Add
		TEQUESTA, FL 33469	□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Add
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	Signat	ure of a men	nber or authoriz	ed representative o	f a member		