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COVER LETTER

ection rporations	•	
Consulting Group FL LLC		
Name of Limi	ited Liability Company	·
f Amendment and fee(s) are sub-	mitted for filing.	
ondence concerning this matter	to the following:	
Alejandra I Viojo		
	Name of Person	
AVR Accounting Services	I.LC	
	Firm/Company	
6900 Tavistock Lakes Blvd	d Ste 400	202 SE
	Address	
Orlando FL 32827		2023 FEB 16 PM 2: 35 SECRETARY OF STATI
	City/State and Zip Code	SSS 72
alejandra@avras.us		—————————————————————————————————————
		6 PH 2: 35
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of Person	Area Code Daytime Telephone	Number
the following amount:		
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Corporations	Division of Corporations	
527 . FL 32314	The Centre of Tallahasse 2415 N. Monroe Street, S	
	Consulting Group FL LLC Name of Limit I Amendment and fee(s) are substantial to a substan	Consulting Group FL LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Ondence concerning this matter to the following: Alejandra I Viojo

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quantum Consulting Group FL LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our bility Company)	r records.)
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on 12/19/202	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		9 2
(Principal office address MUST BE A STREET ADDRESS)		TAGE TO THE STATE OF THE STATE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6 PH C
		35
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida sple	et address
	City .	Florida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my div rovided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is

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 or removed from our records:

MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			Remove
			SECRETARY OF STALLAHASSEE, TO
			1 35 E □ Add
			Remove
			□Change
			□Add
			Remove
	1		Change
			□Remove

_____ Change

Please correct the MGR's name. The correct name is: Daniel J Galan Kerca		
First name: Daniel		
Middle Initial: J		
Last Name: Galan Kercado		
	<u></u>	
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	S.E	202
		2023 FEB
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional)	605.03 lieted
e: If the date inserted in this block does not meet the applicable statutory fili ument's effective date on the Department of State's records.	ng requirements, this date with not be	11,1100
to the state of th	on the carlier of (b). The 90th day:	after t
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m s filed.	Of the carrier of the sources	
(i. 23 202)		
ed Junny 23 [2023.		
Signature of a member or authorized representative		_

Filing Fee: \$25.00

Typed or printed name of signee