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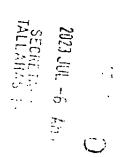
| (R | equestor's Name) |
|------------------------------|------------------------|
| (At | ddress) |
| (A | ddress) |
| (Ci | ity/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Bo | usiness Entity Name) |
| (De | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to Fili | ng Officer: |
| | JUL -6 2023 |

Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Name of Limited Liability Company Pertuse L. C. |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Dr. Raymond Saintel |
| Quantum Expertise LC |
| 7421 Brockbank Drive |
| Olanclo H 32809 City/Spice and Zip Code |
| E-mail address: (to be used for future unmail report notification) |
| For further information concerning this matter, please call: |
| Dr. Raymond Sant Lat (457 438-3162) Name of Person |
| Enclosed is a check for the following amount: |
| ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, 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

| - Bulenlu | M) EY | Welle | 10 L | 46 |
|---|--|--|-------------------------|----------------------------|
| (Name of the Limi | ted Liability Compa (A Florida Limited) | he as it now appears liability Company) | s on our records.) | - |
| The Articles of Organization for this Limited L. Florida document number 1. 23000222068 | , | | | ALL ARASSI |
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, enter the new name of | f the limited liab | ility company he | <u>re</u> : | |
| QUANTUM EXPERTISE LLC | | | | AN |
| The new name must be distinguishable and contain the | words "Limited Liabil | lity Company," the de | signation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | BERNADET | SAINTIL | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | 7421 BROCKBA | ANK DRIVE | |
| | | ORLANDO,FLC | ORIDA 32809 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 7421 BROCKBA | ANK DRIVE | |
| | | ORLANDO , FL | ORIDA 32809 | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | address on our re | cords, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | DR. RAYMOND SAINTIL | | | |
| New Registered Office Address: | 7421 BROCKI | BANK DRIVE | | |
| new registered office radiess. | Enter Florida street address | | | |
| | ORLANDO | | , Floric | da 32809 |
| | | 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 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.

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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|-------------------------|----------------|
| l' | BERNADETTE SAINTIL | 7421 BROCKBANK DRIVE | ≡ Add |
| | | ORLANDO , FLORIDA 32809 | □ Remove |
| | | | □Change |
| VP | DR. RAYMOND SAINTIL | 7421 BROCKBANKDRIVE | |
| | | ORLANDO , FLORIDA 32809 | □Remove |
| | | | |
| MGR | RAYGIVENSON SAINTIL | 7421 BROCKBANK DRIVE | ■Add |
| | | ORLANDO , FLORIDA 23809 | □Remove |
| | | | |
| MGR | MARKCAMPBELL SAINTIL | 7421 BROCKBANK DRIVE | ■ Add |
| | | ORLANDO , FLORIDA 32809 | □ Remove |
| | | | □Change |
| MGR | ROSANDO SAINTIL | 7421 BROCKBANK DRIVE | ■Add |
| | | ORLANDO , FLORIDA 32809 | □Remove |
| | | · | Change |
| | | | □ Add |
| | | | □ Remove |
| | | | □ Change |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
|---|----------|
| Quantum EXpertise LLC | |
| 0 Added FIN 92-3901447 | |
| The Asticles of pagningtion | |
| Don their travited high the course | |
| Were filed on May 04, 2023 | |
| and assigned plorida do cume of | < |
| number 1 23000 222 068 | |
| thes comendament is submitted to | |
| angue the following | |
| A. If amending name enter the | |
| (Mu Mame of Ulm remiled Confany | |
| here quantum Expense ILE | |
| the new vaine must be destin | |
| guisheadle and contain the words. 11 | |
| Inited liaselety Company 11 | |
| the designation 110/10 the albreat | <u>+</u> |
| 11 Lection | .0/~ |
| E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and carbon or prosent date of turng or more man 90 days after filing.) Pursuant to 605.0207 (3)(1) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. | b) |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. | |
| Dated -07-6-23 | |
| Signature of a member or authorized representative of a member | |
| Dr. RAYMOND SAINTIL Typed or printed name of signee | |

Filing Fee: \$25.00