

L23000479010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

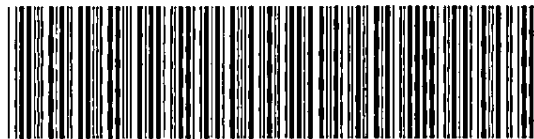
(Business Entity Name)

(Document Number)

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11/06/21  
01042  
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60.00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 369 QUANTUM SOLUTIONS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO PERDOMO

\_\_\_\_\_  
Name of Person

369 QUANTUM SOLUTIONS LLC

\_\_\_\_\_  
Firm/Company

17001 SW 96TH STREET

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33196

\_\_\_\_\_  
City/State and Zip Code

eduardopm24@proton.me

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDUARDO PERDOMO

306 4579210  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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:**

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

**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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EDUARDO PERDOMO	17001 SW 96TH STREET	<input type="checkbox"/> Add
		MIAMI, FLORIDA	<input type="checkbox"/> Remove
		33196	<input checked="" type="checkbox"/> Change
MGR	ISABEL BASTIDAS	17001 SW 96TH STREET	<input type="checkbox"/> Add
		MIAMI	<input type="checkbox"/> Remove
		FLORIDA	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**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.

Dated 11-6-2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**