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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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|-----------|------------------------------------|---|---|--|
| cub ic | 369 QUAN | TUM SOLUTIONS LLC | | |
| SUBJEC | ul: | Name of Lim | ited Liability Company | |
| The encl | losed Articles of . | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | |
| | | EDUARDO PERDOMO | | |
| | | | Name of Person | · |
| | | 369 QUANTUM SOLUTI | ONS LLC | - |
| | | | Firm/Company | |
| | | 17001 SW 96TH STREET | | *., |
| | | - · · · · · · · · · · · · · · · · · · · | Address | - |
| | | MIAMI, FLORIDA 33196 | | . \ |
| | | | City/State and Zip Code | |
| | | eduardopm24@proton.me | 10.5 | · · · |
| For furth | ver information c | e-mail address: (oncerning this matter, please e | to be used for future annual report not | incation) .ن |
| | | | | |
| EDUAR | RDO PERDOMO ——————— | | 306 4579210 at () | |
| | Name of | f Person | Area Code Daytir | ne Telephone Number |
| Enclosed | d is a check for th | ne following amount: | | |
| □ \$25 | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addres Registration S | | Street Address: Registration So | ection |
| | Division of C | | Division of Co | |
| | P.O. Box 632 | | The Centre of | |
| | Tallahassee, I | 12.32314 | 2415 N. Monro | oe Street. Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 369 QUANTUM SOLUTIONS LLC | | |
|---|--|---------------------|
| (Name of the Limited Liability Compa (A Florida Limited | iny as it now appears on our records.) Liability Company) | , |
| The Articles of Organization for this Limited Liability Company | were filed on OCTOBER 18 2023 | and assigned |
| florida document number L23000479010 | | |
| This amendment is submitted to amend the following: | • | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| | | · · |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | 260 CRANDON BLVD STE 32#1074 | ; |
| Principal office address MUST BE A STREET ADDRESS) | KEY BISCAYNE, FLORIDA | |
| | 33149 | : |
| | | 7 |
| Enter new mailing address, if applicable: | 260 CRANDON BLVD STE 32#1074 | LO . |
| Mailing address MAY BE A POST OFFICE BOX) | KEY BISCAYNE, FLORIDA | |
| • | 33149 | |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name | of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | 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.

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> | Name | Address | Type of Action |
|--------------|-----------------|----------------------|----------------|
| MGR | EDUARDO PERDOMO | 17001 SW 96TH STREET | □Add |
| | | MIAMI, FLORIDA | □Remove |
| | | 33196 | |
| MGR | ISABEL BASTIDAS | 17001 SW 96TH STREET | |
| | | MIAMI | □Remove |
| | | FLORIDA | |
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| an effec <u>lote:</u> T | e date, if other than the date of filing: |
| | 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 file | d. |
| is file | 11-6-2023 |
| l is file | |

Filing Fee: \$25.00