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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations		
Quantum I	Beam Technologies, LLC		
SUBJECT:	Name of Lin	nited Liabitity Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Olga Ivanov		
		Name of Person	
	Output Date Talkers		
	Quantum Beam Technolog		
		Firm/Company	
	12513 Montalcino Cirlce		
		Address	-
	Windermere FL 4786		
		City/State and Zip Code	
	olgaivanovmd@yahoo.com	to be used for future annual report notific	
For further information a		•	AQOII)
	oncerning this matter, please c		
Olga Ivanov		630 6068480 at ()	
Name o	t Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	orations SEP III

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim		now appears on our records.)	
\	(A Florida Limited Liability)	now appears on our records.) Company)	
he Articles of Organization for this Limited I		led on 2/12/2024	and assigned
lorida document number	<del></del> ·		
his amendment is submitted to amend the fol	lowing:		
. If amending hence, enter the new name	of the limited liability and	mpany hara	
. If amenging plante, enter the new name	or the limited hability co	mpany nere:	
he dew name must be disanguishable and contain the	nearly "Limited Lightling Corn	nany "the designation "LLC" o	or the abbreviation "L. C."
## ## ## ## ## ## ## ## ## ## ## ## ##		purity, the designation 13.22 of	with the transfer that the tra
nter new principal offices address, if appli			
Principal office address MUST BE A STRE	ET ADDRESS)		
S			
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
		•	
. If amending the registered agent and/or	registered office address	s on our records, enter th	e name of the new regist-
gent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	Olga Ivanov		
New Registered Office Address:	12513 Montaleino Circ	ele	
	<del>, , .</del>	Enter Florida street address	
	Winderemre	. Flori	ida <sup>34786</sup>
	City	γ'	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 Changing Registered Agent, Signature of New Registered Agent

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	<u>Address</u>	Type of Action
MGR	Olga Ivanov	12513 Montalcino Circle Windermere FL 34786	□Add
			□Remove
			□ Change
	100		□Add
			□Remove
		<del></del>	□Change
			□Add
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Note: If the	date inserted it	tan the date of date must be spent this block do not the Departm	es not med	et the applic	able statutor;	ig or more tha y filing requ	n 90 days after irements, thi	offary filing.) Pursua s date will no	int to 605,0207 of be listed as
e record spec rd is filed.	ifies a delayed	effective date,	but not ar	i effective ti	me, at 12:01	a.m. on the	earlier of: (b	) The 90th	day after the
Febru Dated	ary 26,			2024					
			<del></del>	M	<u> </u>				
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