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COVER LETTER

	tion Section of Corporations	
SUBJECT: Q	R INVESTMENTS, LLC	
sobver	Name of Limited Liability Company	
	cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following:	
	Marc Rego	
	Name of Person	
	QDR INVESTMENTS, LLC	
	Firm/Company	
	4622 Rue Bordeaux	
	Address	20 SE
	Lutz, FL 33558	23 SE ALL
	City/State and Zip Code marc.rego@pulte.com	2023 SEP 25 SECRETARY
For further info	E-mail address: (to be used for future annual report notification) ation concerning this matter, please call:	W10.59
Marc Rego	813 765-5199	71 6
· ·	Name of Person Area Code Daytime Telephone Number	
Enclosed is a ch	k for the following amount:	
≅ \$25.00 Fili	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	e of Status &
Mailin	Address: Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

QDR INVESTMENTS, LLC			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lial	were filed on January 25, 2018	and assigned	
lorida document number L18000022418	·		
his amendment is submitted to amend the follow	ving:		
. If amending name, enter the new name of t	he limited lial	oility company here:	
ame			
he new name must be distinguishable and contain the wor	rds "Limited Liab	ility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		same	
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: **Mailing address MAY BE A POST OFFICE BOX**)	<u>0X)</u>	same	2023 S SECRE
			70 17 17 17 17 17 17 17 17 17 17 17 17 17
			Sign on the
If amending the registered agent and/or regent and/or the new registered office address		address on our records, enter the	CTI
gent and/or the new registered office address	nere.		Des Des
Name of New Registered Agent:	sainc		
New Registered Office Address:			
		Enter Florida street address	
		, Florid	
		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>	<u>Name</u>	Address	Type of Action
AMBR	Darleana Rego	4022 Rue Bordeaux	
		Lutz, FL 33558	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			2029 SEP 250 Add
			☐ □ Remove
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<u>Note:</u> If th	ne date inserted in th	iis block does r	not meet the	e applicable	statutory fil	ing requirer	nents, this o	ing.) ruisu iate will n	ot be lis	ted as
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	ecifies a delayed eff	ective date, but	t not an effe	ective time,	at 12:01 a.m	n. on the ear	lier of: (b)	The 90th	day aft	er the
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