L21000218339

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COVER LETTER

TO: Registration Division of C	i Section Corporations		
	Risk Insurance Advisors, LLC		
SOBJECT.	Name of L	imited Liability Company	
T			
	of Amendment and fee(s) are si	5	
Please return all corres	spondence concerning this matte	er to the following:	
	John Paolini		
		Name of Person	
	TailoredRisk Insurance A	advisors, LLC	
		Firm/Company	
	5150 Tamiami Trail N., S	Suite 403	
		Address	
	Naples, Florida 34103		
		City/State and Zip Code	
	jpaolini@tailoredriskia.com		
		(to be used for future annual report notif	fication)
For further information	concerning this matter, please of	call:	
John Paolini		239 350 - 4902 at ()	
Name	of Person	Area Code Daytimo	: 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 Addre Registration Division of O	Section	Street Address: Registration Sec Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 JUL -8 AM 10: 03

FailoredKisk Insurance Advisors, LLC		<u> </u>
(<u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on our recordinated Liability Company)	ds.) AHASSEE, FEORIS
The Articles of Organization for this Limited Liability Con	mpany were filed on 05/14/2021	and assigned
Florida document number L21000218339	<u>.</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Quatro Advisory Group, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		
Enter new mailing address, if applicable:		 _
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	office address on our records, ente	r the name of the new registered
agent and/or the new registered office address here:	office address on our records, enve	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
	. F	lorida
	City	lorida 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
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			□Remove
			Change
			🗆 Add
		-	□Remove
			Change
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