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COVER LETTER

Division of Co	rporations		
QUANTI SUBJECT:	CO GROUP, LLC		
	Name of Lin	nited Liability Company	 -
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Zubin Kapadia, Esq.		
	4.	Name of Person	
		Firm/Company	
	5470 E Busch Blvd, Suite	180	
	Temple Terrace, FL 33617	Address	<u>-</u>
	quanticogroupllc@gmail.cc	City/State and Zip Code	-
		to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Zubin Kapadia		727 458-2420 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

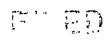
TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



QUANTICO GROUP, LLC

	nited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
	(A Charton Chimed Charles Company)	on our records.) F STATE F STATE F STATE
The Articles of Organization for this Limited		ober 14, 2021 and assigned
Florida document number	<u>. </u>	
This amendment is submitted to amend the fo		
A. If amending name, enter the new name	of the limited liability company here	i:
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	licable:	
Principal office address MUST BE A STRE	EET ADDRESS)	
Enter new mailing address, if applicable:		
•	E BOX)	
•	E BOX)	
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our rec	ords, enter the name of the new regist
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our rec	ords, enter the name of the new registo
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office address on our rec ess here:	ords, enter the name of the new registe
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or the new registered office addr	registered office address on our recess here: Zubin Kapadia, Esq. 5470 E Busch Blvd, Suite 180	ords, enter the name of the new registe
	registered office address on our recess here: Zubin Kapadia, Esq. 5470 E Busch Blvd, Suite 180	

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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

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	Munafbhai Kapadia	6823 Altier Estate Ct, Tampa FL 33610	□Add
			□Remove
			■ Change
AMBR	Amin Chikhalia	6823 Altier Estate Ct, Tampa FL 33610	□Add
			≡ Remove
			□ Change
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an effective date i ote: If the date	is listed, the date mu inserted in this b	ne date of filing: ust be specific and ear plock does not med Department of Sta	mnot be prior to da et the applicable	e of tiling or more statutory filing re	(option than 90 days after finding quirements, this is	nal) iling.) Pursuant to 60; date will not be list	5.020 ed as
	a delayed afford	ve date, but not ar	r effective time, a	t 12:01 a.m. on t	he earlier of: (b)	The 90th day after	r the
ecord specifies is filed.	a demyed effecti						
record specifies is filed. Novemb		Mani	2021				
Novemb		Meni	2021 wher or authorized	representative of a	member		

Filing Fee: \$25.00