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Division of Corporations Electronic Filing Cover Sheet

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASTRION DISTRIBUTION LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



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To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ASTRION DISTRIBUTION LLC	· · · · · · · · · · · · · · · · · · ·	
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our rented Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
QUARTZ BRANDS LLC	· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	(C)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		- · · · · · · · · · · · · · · · · · · ·
D. 16	_	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>e</u> s	iter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, Florida
	City	Zip Code

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.

09/27/2022 3:15 PM

\_ Change

Page: 4 of 5

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u> AMBR	<u>Name</u> Antonia Paula Magnani	Address 1115 AUDACE AVE 107	Type of Actio
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		BOYNTON BEACH FL 33426	□Remove
			□Change
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Page: 5 of 5

To:

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oig.	mature of a member of authorized representative of a member  MARCOS FACER	
	Typed or printed name of signer	<del></del>