Florida Department of State Dissision of Consorations Electronic Filing Consisting Sheet

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Doing so will generate another cover sheet.

	Doi	<u>s</u> 2	
•		n of Corporations ber : (850)617-6383	2022 OCT 20 SEGRETARY
2: 46	Account	Name : REGISTERED AGENTS INC. Number : I20090000081 : (307)200-2803 ber : (855)330-1010	PH 2: 16 OF STATE SEE, FL
110 OZ	**Enter the email addr annual report ma	ress for this business entity to t ilings. Enter only one email addr	oe used for future ess please.**
	Email Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TERAQUAMTUM LLC

C. BRUMBLEY

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

TeraQuamtum LLC	Company as it now appears on our r	ecords)
(A Florida Li	Company as it now appears on our runited Liability Company)	ecorus.
The Articles of Organization for this Limited Liability Con Florida document number <u>L22000442945</u>	mpany were filed on 10/14/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	<u> </u>	<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 office address here:	office address on our records, <u>e</u>	STOCI 20 PL CONTROL OF STATE O
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	14mman.
New Registered Office Address:	Enter Florida street t	nddress
		_, Florida Zip Code
	City	гір Соав

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	Sascha Debock	7901 4TH ST N STE 300	KAdd
		ST. PETERSBURG, FL 33702	□Remove
			🗆 Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			DAdd
			Change

Effective date, if other than the date of filing:	<u></u>				
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the ord is filed. Dated 10/20 2022 Signature of a member or authorized representative of a member Morgan Noble					 -
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Filing Fee: \$25.00