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Y 1/4/2023

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



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	SECRETARY OF STATE Tallahassee, floriða	2023 JAN - 3 km 10: 05	RECEIVED

	. INC.		236 East 6th Avenue. Tallahassee, Florida 32303 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666			
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Zip Code

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	2023 JAN -3 AM 9:07
QUATTOR PUERI LLC	REDUCTIONS
(<u>Name of the Limited Liability Company as it now appears on our records.</u> (A Florida Limited Liability Company)	SECHERARY UF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
QUATTUOR PUERI 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 ADDRESS)	
	······
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>enter tlagent and/or the new registered office address here</u> :	ne name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Flor	ida

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.

City

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
			🗌 Add
			□Change
			🗆 Add
			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.)

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If the recor record is fi	rd specifies a delaye iled.	d effective date	e, but not an effe	ctive time, at 12:	01 a.m. on the ec	arlier of: (b)	l'he 90th day afte	r the
Dated	DECEMBER 29TH	ł	2022					

/S/ELLIOTT TEITELBAUM

Signature of a member or authorized representative of a member

ELLIOTT TEITELBAUM

Typed or printed name of signee