Division of Corporations

# Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000156986 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (954)791-2100 Fax Number : (954)583-4117

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

Email Address:\_\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUADRO REAL ESTATE INVESTMENTS LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

700 2 8 2023

( Brumbie)

H23000156986

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

Quadro Real Estate Investments LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compar	ny were filed on April 21, 2023	and assigned
Florida document number L23000201705		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company here:	
Quadros Real Estate Investments LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	obreviation "L L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		·
		,
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	office address on our records, enter	the name of the n
egistered agent and/or the new registered office address he	<u>:re</u> :	
Name and Name Design of the		202
Name of New Registered Agent:		
New Registered Office Address:	-	- 5 - 1 - 2 - 1
	Enter Florida street address	- Tail
	Florida	Zip Cade
		- Ziu Cade
ew Registered Agent's Signature, if changing Registered Agent	<u>::</u>	0

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

MGR = Manager

## H23060 ng GOB rized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Rетоve
			Change
			D Add
		□ Remove	
			□ Change
			Remove
			□ Change
	-	🗆 Add	
			□ Change
		□ Add	
		☐ Remove	
			Change
			□ Remove
			El Change

3119mandin 816, other infor	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
******	
<del></del>	
***************************************	
<del></del>	
ocument's effective date on the	the date of filing:  must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 is block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
e record specifies a delay The 90th day after the re	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of ecord is filed.
ated April 27	2023
	Signature of a member or authorized epresentative of a member
Robert F	Hayden RA/Organizer
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00