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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co								
SUBJECT:	Quadrostar Managemer	nt						
	Name of Lim	ited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:						
		Hector Ayala						
		Name of Person						
	Qua	drostar Management						
	Firm/Company							
	2498 Cliff Way							
		Address						
		St Cloud, FL City/State and Zip Code						
	lv							
	E-mail address: (	bvoice@gmail.com to be used for future annual report noti	fication)					
For further information of	concerning this matter, please ca	all:						
Hector Ayala								
Name of Person		Area Code Daytim	c Telephone Number					
Enclosed is a check for t	he following amount:							
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Address Registration		<u>Street Address:</u> Registration Sec	ction					
Division of C	Corporations	Division of Cor	porations					
P.O. Box 632	2.7	The Centre of Tallahassee						

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

adrostar Management	
Liability Company as it now appears on our records.) Florida Limited Liability Company)	
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Finer Florida street address	
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	Liability Company as it now appears on our records.)  Florida Limited Liability Company)  fility Company were filed on

#### 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
MGR_	Catherine L Cummings	Principle advess	XlAdd
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			□Change

## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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