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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190

Phone

: (844)449-3624

Fax Number

: (512)597-0678

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

Emai	.l	Address:						
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUANTUM ADVISORY LLC

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H24000322721-3

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To:

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

H240003227213

# ARTICLES OF ORGANIZATION OF

Quantum Advisory U.C. (Name of the Limited Dability Compa (A Florida Limited)	any as it now appears on our record	5,1
The Articles of Organization for this Limited Liability Company Florida document number 1.24000393773		andassigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ligh	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	dity Company," the designation "LLC"	"or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1115 Central Avenue	
Principal office address MUST BE A STREET ADDRESS)	Linit 443	
	Naples, FL 34102-5923	
Enter new mailing address, if applicable:	1115 Central Avenue	2024 SE SECONO TALLO
Mailing address MAY BE A POST OFFICE BOX)	Unit 443	7 N
	Naples, FL 34102-5923	- Δ !
B. If amending the registered agent and/or registered office :	address on our records, <u>enter</u>	in in in it is the name of the
agent and/or the new registered office address here:		02 L
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridi street address	
	City 110	oridaZgrCode

#### 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 Changing Registered Agent, Signature of New Registered Agent

To:

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

MGR = Manager AMBR ≈ Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Sterra Fischer	1115 Central Avenue	
		Unit 443	= Remove
		Naples, FL 34102-5923	<b>■</b> Change
	<del></del>		□Add
			□Remove
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			20% SEP
			Dr. W
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/s/ Sierra Fischer		me, at 12:01 a m. on the earlier of (b). Th	e 90th day after the
Signature of a member or authorized representative of a member	is filed		
	ted September 23rd 2024  /s/ Sierra Fischer		