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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RICHARD D. SABA Account Number : 070540000565 Phone : (941)952-0990 Fax Number : (941)954-0361

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

Email Address: pclarke@raabalaw.com

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T. LEMEUX OCT 23 2024 10/23/2024 10:10 AM TO:18506176383 FROM:9412957961 Page: 2 ロリン サブサラ VIII ESCEVET FORGE COVER LETTER (((H24000353698 3))) TO: Registration Section Division of Corporations Quarter to Four Florida, L.L.C. SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Patricia Clarke Name of Person Law Office of Richard D. Saba, P.A. Firm/Company 2033 Main St., Suite 400 Address Sarasota, FL 34237

For further information concerning this matter, please call:

pclarke@rsabalaw.com

Patricia Clarke	941	952-0990	
	at ()		
Name of Person	Arca Code	Daytime Telephone Number	

Enclosed is a check for the following amount:

🗏 \$30.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

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Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- H-V・サブマン ニキャーン (((H24000353698 3)))

Quarter to Four Florida, L.L.C.		
(Name of the Lin	ofted Liability Company as it now supe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited	Liability Company were filed on $\frac{0}{2}$	9/25/2024 and assigned
Florida document number L24000417537	·	
This amendment is submitted to amend the fo	llowing.	
A. If amending name, enter the new name	of the limited liability company	here:
NA		
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 appl	icable:	**************************************
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	024
		30
		23
B. If amending the registered agent and/or	registered office address on our	records, enter the name of the new registere
agent and/or the new registered office addr	ess itere.	Try Try
Name of New Registered Agent:	Richard D. Saba, P.A.	TATE
New Registered Office Address.	2033 Main Street, Suite 400	
The Registered Office Flattess.	Enter F	orida street address
	Sarasota	, Florida 34237
	City	Zip Code

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

If anything Authorized Terson(s) authorized to manage, enter the title, name, and address of call person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Christine L. Davenport	6941 Brier Creek Ct., Lakewood Ranch, FL 34202	□Add
			□Remove
			🗖 Change
AMBR	James M. Davenport, Sr.	6941 Brier Creek Ct., Lakewood Ranch, FL 34202	🗆 Add
			DRemove
			\(\begin{align*} \left\) Change
MGR	Laura Davenport	6941 Brier Creek Ct., Lakewood Ranch, FL 34202	□Add
			≅Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
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