# L12000081258

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(C	ity/State/Zip/Phone	e #)
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J. BRYAN

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**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section Division of Corporations

### SHR HEZTE

# QUATTRO REAL ESTATE SOLUTIONS, LLC

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:

## CAROLINE LARSON

Name of Person

Larson Accounting & Consulting Services, LLC

Firm/Company

8615 Commodity Circle Suite 06

Address

Orlando, FL 32819

City/State and Zip Code

finances@larsonacc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Wesley Scheidegger

Name of Person

\_\_407\_**470368**6

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### QUATTRO REAL ESTATE SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	ability Company were filed on 06/19/2	2012 and assigned
Florida document number L12000081258		
This amendment is submitted to amend the follo	owing:	ELECTION IS A FILE I
A. If amending name, enter the new name of	the limited liability company here:	SE SIM
n/a		明まし
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applic	able: N/A	7
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	N/A <u>BOX)</u>	
B. If amending the registered agent and/registered agent and/or the new registered of	•	records, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter F	lorida street address
		_, Florida
	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 608. 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.

Ÿ

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sandro T Endler	189 S. Orange Avenue	Add
		Suite 1400	Remove
		Orlando, FL 32801	_
			Add
			Remove
		LLAH	T Add
		ייט מי מי דח דח	Remove.
		7	2012 10V 13 Al Remove
		7	Add
			Remove
			Kemove
			- Add
			Remove
			Kemove
			- [□]
			Add
			Remove

D. If amending any oth N/A	er information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated 11/07/	<u>2012</u>
-	Signature of a member or authorized representative of a member
<del></del>	SANDRO TRINDADE ENDCER  Typed or printed name of signee

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