

118000007537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

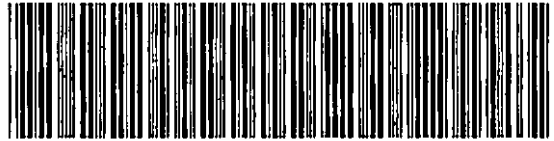
(Business Entity Name)

(Document Number)

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MAR 21 2018

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR 19 AM 12:28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUADRA4, 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:

EZEQUIEL FISCHER

Name of Person

EZEQUIEL FISCHER PA

Firm/Company

1000 E HALLANDALE BEACH BLVD, SUITE 28

Address

HALLANDALE BEACH, FLORIDA 33009

City/State and Zip Code

ASSISTANTEFISCHERCPA@GMAIL.COM

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

For further information concerning this matter, please call:

EZEQUIEL FISCHER

305

527-3503

at ()

Name of Person

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**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

QUADRA4, 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 Liability Company were filed on 01/10/2018 and assigned
Florida document number L18000007537.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 applicable:

1000 E HALLANDALE BEACH BLVD, SUITE 28

(Principal office address **MUST BE A STREET ADDRESS**)

HALLANDALE BEACH, FLORIDA 33009

Enter new mailing address, if applicable:

1000 E HALLANDALE BEACH BLVD, SUITE 28

(Mailing address **MAY BE A POST OFFICE BOX**)

HALLANDALE BEACH, FLORIDA 33009

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOSEFINA A GATTEI PA

New Registered Office Address:

1000 E HALLANDALE BEACH BLVD, SUITE 28

Enter Florida street address

HALLANDALE BEACH

City

Florida 33009

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	JAVIER LOZADA, FRANCISCO	19380 COLLINS AVE., APT. 905	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 3316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EZEQUIEL FISCHER	1000 E HALLANDALE BEACH E	<input checked="" type="checkbox"/> Add
		SUITE 28	<input type="checkbox"/> Remove
		HALLANDALE BEACH, FL 3300	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated MARCH 15 2018

Signature of a member or authorized representative of a member

EZEQUIEL FISCHER

Typed or printed name of signee

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