P18000024664

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COVER LETTER

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		COVER LETTER			
TO: Amendment Section Division of Corporation					
NAME OF CORPOR	ATION: QUADRIFOGLIO	PARTNERS INC			
	P18000024664 DCUMENT NUMBER:				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	condence concerning this ma	tter to the following:			
	EVAN	DRO SCHRAMM TREVI	SAN		
_					
_	QUA	DRIFOGLIO PARTNERS	SINC		
_	Firm/ Company				
_	13538 V	'ILLAGE PARK DRIVE S	TE 230		
-	ORLA				
		City/ State and Zip Code			
		azfarsyed@aol.co			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
EVANDRO SCHRAM	MM TREVISAN	at (704-1064		
Name of Contact Person Area Code & Daytime Telephone			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle		

Articles of Amendment Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State) P18000024664

			
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•			State of the state
	Articles of Am	endment	100
•	to Articles of Inco	poration	
	of	-	10/4
	QUADRIFOGLIO		
(<u>Name c</u>	of Corporation as currently		of State)
	P1800003 (Document Number of O		
ant to the provisions of section 607. ticles of Incorporation:		orida Profit Corporation ad	opts the following amendment(s) to
f amending name, enter the new na N/A	ame of the corporation:		
p.," "Inc.," or Co.," or the design "chartered," "professional associa inter new principal office address, icipal office address <u>MUST BE A S</u>	tion," or the abbreviation "P if applicable:		tion name must contain the
Enter new mailing address, if applications of address MAY BE A POST Mailing ADDRESS MAILIN	OFFICE BOX) ad/or registered office addre w registered office address:		ne of the
Mailing address MAY BE A POST f amending the registered agent an	OFFICE BOX) ad/or registered office addrew registered office address: EVANDRO SCHRAMM T	REVISAN	ne of the
Mailing address MAY BE A POST f amending the registered agent and lew	ad/or registered office addrew registered office address: EVANDRO SCHRAMM T 13538 VILLAGE PARK D	REVISAN RIVE STE 230	ne of the
(Mailing address <u>MAY BE A POST</u> If amending the registered agent an new registered agent and/or the ne	OFFICE BOX) ad/or registered office addrew registered office address: EVANDRO SCHRAMM T	REVISAN RIVE STE 230 t address)	ne of the , Florida (Zip Code)

Signature of New Registered Agent, if changing

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
CHANGING THE SPELLING OF PRESIDENT NAME
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	2	
X Remove	<u>v</u>	Mike Jon	es	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	PD		EVANDRO SCHRAMM TREVISAI	13538 VILLAGE PARK DRIVE
Add				STE 230
Remove				ORLANDO FL 32837
2) Change				
Add				
Remove				
3)Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	MARCH 15, 2018	
The date of each amendment(s) ad		, if other than the
date this document was signed.		
	CH 15, 2018	
Effective date if applicable:	(no more than 90 days after amendment	t file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing recartment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were sui	oted by the shareholders. The number of votes cast for ficient for approval.	or the amendment(s)
	oved by the shareholders through voting groups. The each voting group entitled to vote separately on the e	
"The number of votes cast	or the amendment(s) was/were sufficient for approva	ıl
by	(voting group)	,,
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	eted by the board of directors without shareholder ac	tion and shareholder
The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action	and shareholder
MARCH 20	2018	
Dated	()	
Signature	Common viene	
(By a di	ector, president or other officer - if directors or officer	cers have not been
selected	, by an incorporator - if in the hands of a receiver, tr	ustee, or other court
appoint	ed fiduciary by that fiduciary)	
	EVANDRO SCHRAMM TREVISAN	
	(Typed or printed name of person signing)
	PRESIDENT	
	(Title of person signing)	