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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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HAY 2 4 2016 J. HARRIS

## **COVER LETTER**

Division of Corp	orations		
SUBJECT:	QUADRO	SUPERMARKET 4, LLC.	
JOHN CO.	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	w	ILLIAM S. VASQUEZ	
		Name of Person	
	A & A [	BUSINESS SERVICES, INC.	
	<del> </del>	Firm/Company	·····
	7751 KING	GSPOINTE PKWY. SUITE 125	
		Address	· · · · · · · · · · · · · · · · · · ·
	OR	LANDO FL. 32819	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	aabusinessfl@hotmail.com	to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	•	,
	meeting this matter, piease ea		
William		at ()	m t   1   1   1
Name of	Person	Area Code Daytimo	Telephone Number
Enclused is a check for th	e 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

TO:

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

RMARKET 4, LLC.	
any as it now appears on our records. Liability Company)	<del>)</del>
y were filed on 11/05/2015	and assigned
bility company here:	
ility Company," the designation "LLC"	or the abbreviation "L.IC."
3020 N GOLDENROD RD.	
WINTER PARK 32792	ÆË is
3020 N GOLDENROD RD.	123 F
WINTER PARK 32792	75 Z
	FATE ORION
	enter the name of the
Entar Florida etroat address	
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	bility Company here:  bility Company," the designation "LLC"  3020 N GOLDENROD RD.  WINTER PARK 32792  3020 N GOLDENROD RD.

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 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>	Name	Address	Type of Action
Treasurer	MONYRETH THOU	83 COLLEGE DR.	□ Add
		BROCKTON, MA 02301	☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
		<del></del>	☐ Change
			□ Add
		AND THE PROPERTY OF THE PROPER	□ Remove
			Remove  A Change  A Change
			Add;
			Remove Change
		the state of the s	Change
			□ Add
			☐ Remove
			☐ Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)	
	,		
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(If an effec Note: 11	MAY 01, 2016 (option it is date, if other than the date of filing:  MAY 01, 2016 (option it is date, the date must be specific and cannot be prior to date of filing or more than 90 days after for the date inserted in this block does not meet the applicable statutory filing requirements, this it's effective date on the Department of State's records.	iling.) Pursuant to 605.0	
	rd specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a. Oth day after the record is filed.	rn. on the earlie	r of:
Dated _	. 05/01/2016		
		AFEC A	
	Signature of a member or authorized representative of a member		; 1m,
	SAM-ENG KIM  Typed or printed name of signee	49-1, w	4,~
	r yper or printed fiante of signee	PH 4: 5	
	Page 3 of 3	<b>54</b> RID	

Filing Fee: \$25.00