(Re	equestor's Name)	
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FEB 1 7 2016

S. YOUNG

COVER LETTER

TO: I	Registration Se Division of Cor	ction porations				
eun iec	Quattro Zer	то Holdings LLC				
SUBJEC'	1:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		Elisha Foxx				
			Name of Person		_	
			Firm/Company			
		2915 Curving Oaks Way			芸治る	
			Address		FEB GREET	Ħ
		Orlando Florida 32820			第三 5	FLED
			City/State and Zip Code		ASSESSED OF THE PARTY OF THE PA	
		elishafoxx@yahoo.com			100 E	
For furthe	er information c	E-mail address: (oncerning this matter, please ca	to be used for future annual report notifi all:	cation)	37 形然	
Elisha Fo	xx		301 343-9899 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number	er	
Enclosed	is a check for th	ne following amount:				
□ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	

MAILING ADDRESS:

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

Quattro Zerro Holding LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on 2/4/2016 and assigned
Florida document number L16000024214	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
Quattro Zorro Holdings LLC	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)
	6
	= 22 5
Enter new mailing address, if applicable:	TO TO
Mailing address MAY BE A POST OFFICE BOX)	
Mulling duaress MAT BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered	·
registered agent and/or the new registered office address l	
	
Name of New Registered Agent:	
New Bestever 1000 A 11	
New Registered Office Address:	Enter Florida street address
	Plantila
	, Florida

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			
			□ Remove
			Change
		•• • • • • • • • • • • • • • • • • • • •	Add Remove
			G-Remove G-Remove G-Remove G-Remove G-Remove G-Remove G-Remove G-Remove
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			☐ Remove
			Change

	
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date o	(optional) f filing or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	
· · · · · · · · · · · · · · · · · · ·	
record specifies a delayed effective date, but not an ef	fective time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	
ed 02 10 800 , 2016.	
Elisha Toxa	_
Signature of a member or authorized rep	recentative of a mambas

Page 3 of 3

Filing Fee: \$25.00