## 116000199068

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## **COVER LETTER**

ro:		istration Sec sion of Corp				
SUBJE	ĊТ.	QMC 546, I	LLC			
ODJE	CII		Name of Lim	ited Liability Cor	mpany	<del></del>
The enc	los <b>e</b> d	Articles of	Amendment and fee(s) are sub-	mitted for filing	j.	
Please re	eturn	all correspor	ndence concerning this matter	to the following	3:	
			CLEITON CARDOSO			
				Name of F	erson	
			DOMINIUM CONSULTII	NG SERVICES	, LC	
				Firm/Con	npany	
			6965 PIAZZA GRANDE	AVE UNIT 206		
				Addre	ss	
			ORLANDO-FL-32835			
				City/State and	Zip Code	
			C;EOTPN@DOMINIUMC		<u> </u>	
		_			ure annual report notif	fication)
For furth	ner in	formation co	oncerning this matter, please ca	all:		
LEONA	RDC	FIGUEIRE	EDO	407 at (	374-2329	
		Name of	Person	Area	Code Daytime	e Telephone Number
Enclose	d is a	check for th	e following amount:			
<b>■ \$</b> 25.	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fi Certified (additional		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registra Division P.O. Bo	ation Section of Corporations ox 6327 ssee, FL 32314		STREET/COURL Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

QMC 546, LLC			
(Name of the Lim	ted Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited L	iability Company v	were filed on 10/31/2016	and assigned
Florida document number L16000199068	·		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liabil	ity company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		7 8 7
			RE I
			AR)
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		: 5. 1. 1. 1. 1.
	<u> </u>		Z RATE
B. If amending the registered agent and registered agent and/or the new registered o			ter the name of the new
Name of New Registered Agent:	DOMINIUM CO	NSULTING SERVICES, LLC	
New Registered Office Address:	6965 PIAZZA G	RANDE AVE UNIT 206	
They registered Office Address.		Enter Florida street address	
	ORLANDO	, Florida	32835
		City , Florida	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	1	

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

MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jose Carlos Scarambone	R. Eng. Enaldo Cravo Peixoto 65	■ Add
		Rio de Janeiro-RJ-20511-230 BR	□ Remove
			Change
AMBR	Angela Scarambone	R. Eng. Ernaldo Cravo Peixoto 65	
		Rio de Janeiro-RJ-20511-230 BR	□ Remove
			Change
			☐ Remove
			☐ Change
			□ Add
			□ Remove
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<del></del>			
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			Remove
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. Effective	e date, if other than the date tive date is listed, the date must be s	e of filing:	r to data of filing or mo	(optional)	Pursuant to 605 020
Note: If	the date inserted in this block of	does not meet the applic	able statutory filing	requirements, this date v	will not be listed as
documen	it's effective date on the Depart	ment of State's records			
	rd specifies a delayed efi		ot an <b>e</b> ffective ti	me, at 12:01 a.m. o	on the earlier o
b) The 9	Oth day after the record	is filed.			
Dated _	24/12/2017		<u> </u>		
		DocuSigned by:			
	Cior	antre of a member or auth	onized representative	of a member	
	Sign	73810EB252T34CF	The state of the s		
	GUSTAVO SCARAMBON	T.	ı		

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Filing Fee: \$25.00