Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000873653)))



H170000873653ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

(850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number ; I20160000060 Phone : (407)674-8969 Fax Number : (407)674-8970

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

OLY HAR 30 AM II: LI

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUATTRO DREAM LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00.

Electronic Filing Menu

Corporate Filing Menu

Help

D. BRUCE MAR 31 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF QUATTRO DREAM LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>02/10/2016</u> and assigned Florida document number.

Florida document number: L17000037738.

Article I

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

QUATRO DREAM LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Article II

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2017 WAR SECRET	П
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TARY OF	ILED
Article IV	:	2: 50 STATE ORIDA	

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:

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Sionature	of New Registered	l Agent	if changing

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

Title	Name	Address	Type of Action				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)							

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: 03/30 , 2017

Signature of a member or authorized representative of a member

<u>DANILO SANTANA</u>
Typed or printed name of signee

SECRETARY OF STATE