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Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

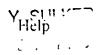
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 6564 SUPERIOR LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6564 Superior LLC		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document numberL19000303468	ability Company were filed on December 12, 2019	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
Quattro Real Estate Investments LLC		
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.J., C."
Enter new principal offices address, if applica	able:	)20 J
(Principal office address MUST BE A STREE)	TADDRESS)	77 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	30X)	S AM I SO
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>enter the</u> s here:	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	City	Zip Code
New Registered Agent's Signature, if changing R	egistered 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 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>	<u>Name</u>	Address	Type of Action
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		<del> </del>	□Remove

D. If amending any oth informa	tion, enter change(s) here:	: (Attach additional sheets, i	f necessary.)
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E. Effective date, if other than the (If an effective date is listed, the date into Note: If the date inserted in this b document's effective date on the E	lock does not meet the applica	o date of filing or more than 90 day ble statutory filing requirement	(optional) s after filing.) Pursuant to 605,0207 (3)(f is, this date will not be listed as the
f the record specifies a delayed effective ecord is filed	e date, but not an effective tin	ne, at 12:01 a m. on the earlier	of; (b) The 90th day after the
Dated	2020	_·	
/s/ Matthe	w Quattro		
	Signature of a member or author	rized representative of a member	
Matthew Quattro		dan en estado en esta	
	Lyped or printer	d name of signee	