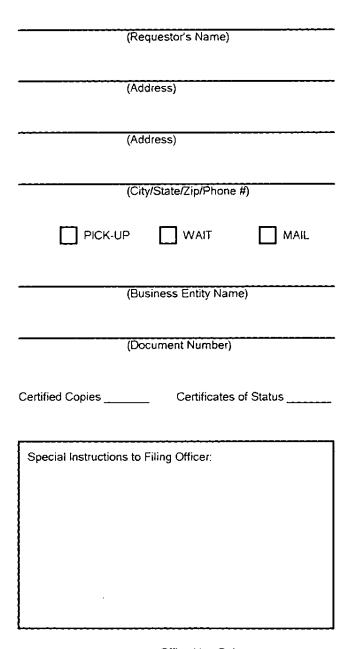
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	istration Sec ision of Corp		الله أحد م					
SURJE <i>C</i> T:	QUATTRO.	REAL ESTATE INVESTME	NTS, LLC	* *				
JOBBLE 1.		Name of Lim	ited Liability Company					
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspor	ndence concerning this matter	to the following:					
		MATTHEW QUATTRO						
		 	Name of Person					
		QUATTRO REAL ESTA	TE INVESTMENTS, LLC					
			Firm/Company					
		5124 COLLEGE ST						
			Address					
		FINLEYVILLE, PA 1533:	2					
		City/State and Zip Code CRYSTAL CLEAN866@GMAIL.COM						
		E-mail address: (to be used for future annual report not	ification)				
For further in	nformation co	oncerning this matter, please of	all:					
MATTHEW	' QUATTRO		609 213-4782					
Name of Person		Area Code Daytin	ne Telephone Number					
Enclosed is a	check for th	e following amount:						
■ \$ 25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed				
Ma	iling Address	s:	Street Address:					

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2002



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QUATTRO REAL ESTATE INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Li	ability Company were	filed on 12/12/2019	and assigned
Florida document number L190000303468	 ·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability of	company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Co	ompany," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		 = = = = = = = = = = = = = = = = = =	
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office address		ess on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:	SMITH & WAGGO	NER, CPA'S, PA	
New Registered Office Address:	115 TAMIAMI TRA	AIL N. STE7	
		Enter Florida street a	uldress
	NOKOMIS		Florida <u>34275</u>
	•	City	Zip Code

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

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<u>Title</u>	Name	Address	2021 FEB -1 PM 1:23	Type of Action
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Affective date, if other an effective date is listed, the Note: If the date inserted document's effective date	in this block does	not meet the app	plicable statutor	ng or more tha ry filing requ	(option n 90 days after fi irements, this c	oal) ling.) Pursuant to 60 late will not be lis	05.0207 (sted as t
record specifies a delaye d is filed.	d effective date, bu	t not an effectiv	e time, at 12:01	a.m. on the	earlier of: (b)	The 90th day aff	ter the
JANUTADA 27		2021	·				
Dated							
Dated Mark 121	than I						

Filing Fee: \$25.00