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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Name: | Quattro | o Viera | Ford, LLC | | | | |
| Document #: | | | | | | | |
| Order #: | 145210 | 086 | | | | | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification: | | | Country of Destination: Number of Certs: | | TALLAHASSER FL | 2022 SEP - 1 PM 1: 11 | |
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| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Am | nount: \$ | 55.00 Thank you! | | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | |
|---|--|
| | |
| | and assigned |
| Florida document number L22000356582 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| Quattro VFL Ford, LLC | 2 |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevia | iation "In C." |
| Enter new principal offices address, if applicable: | SE TO |
| (Principal office address MUST BE A STREET ADDRESS) | |
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| ្នែ ប | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
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| | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here: | the new registered |
| agent and/or the new registered office agoress here. | |
| No. 2N. a. David and America | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida street address | |
| , Florida | |
| Cuy Z | (ip 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the being filed to merely reflect a change in the registered office address, I hereby confirm that the limited | iliar with and his document is |

If Changing Registered Agent, Signature of New Registered Agent

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

| Title | Name | Address | Type of Action |
|-------|------|---------|-----------------------|
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| Of an officetive date is listed, the date m | e date of filing: ust be specific and cannot be prior to dat block does not meet the applicable s Department of State's records. | e of filing or more than 90 days a | ptional) after filing.) Pursuant to 605.0 this date will not be listed |)207 (d as t |
| the record specifies a delay) The 90th day after the re | ed effective date, but not an cord is filed. | effective time, at 12:0 | 1 a.m. on the earlie | r of: |
| Dated September 1 | 2022 | | | |
| w | | | | |
| | Signature of a member or authorized | representative of a member | | |
| | | | | |

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