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Certified Copies	_ Certificates	of Status
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SECHELARY OF STATE
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QM. 829-14

COVER LETTER

TO: Amendment Section Division of Corporations QUATRRO F&A SOLUTIONS INC. NAME OF CORPORATION: P07000113754 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SHYAM SUNDAR VAIDHYANATHAN Name of Contact Person Firm/ Company 6400, SHAFER COURT, SUITE 250 Address ROSEMONT- IL, 60018 City/ State and Zip Code shyam.sundar@quatrro.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

QUATRRO F&A SOLUTIONS INC	TAE	7
(Name of Corporation as currently filed with the Florida Dept. of State)	25.00	\leq
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(Document Number of Corporation (if known)	- 3 3	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foits Articles of Incorporation:	llowing an	nendment.
A. If amending name, enter the new name of the corporation:	当	Fig C
QUATRRO BUSINESS SUPPORT SERVICES INC.	Th	e new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P A."	the abbre	viation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida street address)		
New Registered Office Address:		
(City) (Zip Co	ide)	
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 possible statement of New Registered Agent, if changing	sition.	
aignature oj wew kegisterea Agent, ij changing		

Address of each Officer (Attach additional sheets Please note the officer/dl P = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or E s, if necess irector titl President = Chief I er, Directo in the fo aves the c	Director besary) Ile by the fit; T= Tree Financial or would it Ilowing mare	ivst letter of the office title: asurer; S= Secretary; D= Director; TR= T Officer. If an officer/director holds more be PTD, tanner. Currently John Doe is listed as the n, Sally Smith is named the V and S. These	rustee: C = Chairman than one title, list the PST and Mike Jones is	or Clerk; first letter : listed as t	CEO : of eac	= Chief h office There is
Example: <u>X</u> Change	<u>PT</u>	John Do	<u>oe</u>				
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_X Add	<u>sv</u>	Sally Su	n <u>ith</u>		100	AUG	-
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	ASSE	325	19 E E San 4
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If amending or additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) The specific of the specifi	. If amending or adding additional Articles, enter change(s) here:	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	(Attach additional sheets, if necessary). (Be specific)	127
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:		- The - T
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(if not applicable, indicate N/A)	If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
	(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	_, if oth	er than the
Effective date if applicable: 21st AUGUST, 2014 (no more than 90 days after amendment file date)	_	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.		
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):		
"The number of votes cast for the amendment(s) was/were sufficient for approval	٠.	
by	038	•
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	AUG 25 OREINRY)
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	OF STATE	
Dated 12/08/2014.	H &	1
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-	
AMITABH JOHRI		
(Typed or printed name of person signing)	_	
DIRECTOR		
(Title of person signing)		