## PM000113754

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: QUA	TRRO BUSINESS SUPPORT SEI	RVICES INC.			
DOCUMENT NUMBER: P07000113					
The enclosed Articles of Amendment a					
Please return all correspondence concer	rning this matter to the following:				
SHYAM SUND	AR VAIDHYANATHAN				
	Name of Contact I	Person			
QUATRRO BU	QUATRRO BUSINESS SUPPORT SERVICES INC.				
	Firm/ Compar	ny			
1850 Parkway P	Place Suite 1100				
<del> </del>	Address				
Marienta, Georg	ia -30067				
	City/ State and Zip	Code			
Vikas.Talwar@quatrro	o.com				
E-mail addr	ress: (to be used for future annual r	eport notification)			
For further information concerning this	matter, please call:				
SHYAM SUNDAR VAIDHYANATH	IAN at ( 770	729-4271			
Name of Contact Persor		ea Code & Daytime Telephone Number			
Enclosed is a check for the following an	mount made payable to the Florida	Department of State:			
■ \$35 Filing Fee □\$43.75 Fi Certificate	lling Fee & S43.75 Filing Fee e of Status Certified Copy (Additional copy enclosed)	Certificate of Status			
Mailing Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	A   A   A   A   A   A   A   A   A   A	treet Address mendment Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of



QUATRRO BUSINESS SUPPORT SERVICES INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P07000113754			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	1850 Parkway Place Suite 1100		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Marietta		
	Georgia-30067		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1850 Parkway Place Suite 1100		
	Marietta		
	Georgia-30067		
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	dress in Florida, enter the name of the ss:		
Name of New Registered Agent			
(Florida s	tree! uddress)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian			
Signature of New	Registered Agent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director: TR = Trustee; C = Chairman or Clerk: CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	•
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change	<del></del>		
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessar	y). (Be specifi	hange(s) here:			
	<del></del>				
. If an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A	amendment if no	ssification, or ca ot contained in	ancellation of issu the amendment i	red shares, tself:	

	08/17/2015	
The date of each amendment(s) date this document was signed.	) adoption:	, if other than the
O	8/17/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	nt(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ea	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
08/17/20	015	
Dated		
	1 Ohjanburder	
	a director, president or other officer – if directors or officers have not bee	
	eted, by an incorporator – if in the hands of a receiver, trustee, or other co	
appo	pinted fiduciary by that fiduciary)	
	SHYAM SUNDAR VAIDHYANATHAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	