## P11000103519

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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Amend

JUL 1 6 2015
I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Quota	Investments Inc.				
DOCUMENT NUMBER:	P11000103519				
The enclosed Articles of Amendment an	d fee are submitted for filing.				
Please return all correspondence concerr	ing this matter to the following:				
Thomas Giacomi					
	Name of Contact Person				
Quota Investment	Quota Investments Inc.				
	Firm/ Company				
2501 W Main St	2501 W Main St Ste 110				
Address					
Leesburg, FL, 34	748				
,	City/ State and Zip Code				
Anthony@allaboutwate	randsolar.com				
E-mail addre	ss: (to be used for future annual report notification)				
For further information concerning this r	natter, please call:				
Thomas Giacomi	at ( 352 ) 360-5766				
Name of Contact Person	at ( 352 ) 360-5766  Area Code & Daytime Telephone Number				
Enclosed is a check for the following am	ount made payable to the Florida Department of State:				
\$35 Filing Fee \$43.75 Filing Certificate					
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Clifton Building				

## **Articles of Amendment**

to

Articles	of	Incorp	poration
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QUDTA LIVESTIMENTS, LKC
(Name of Corporation as currently filed with the Florida Dept. of State)
PHD00103519
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
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:, Florida
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 position.
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>	Name		<u>Addres</u> s
1) Change	<u>S</u>	Anthony	V. Spasaro	2501 W. Main St.
Add				Suite 100
X Remove				Leesburg, Fl 34748
2) Change	S	Anthony	J. Spasaro	2501 W. Main St.
X Add				Suite 110
Remove				Leesburg, Fl 34748
3) Change		<del>-</del>		
Add				
Remove				·
4) Change				
Add				
Remove				
5) Change				_
Add				
Remove				
6) Change				
Add		<u></u>		
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Attach duditional sneets, if necessary). (Be specific)
F. 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)
(g not approach, mandade (viii)

The date of each amendment(s) a	ndoption:	, if other than the
date this document was signed.		
Jul	y 10, 2015	
Effective date <u>if applicable</u> :	/ 1 00 1 0 1 0 1 0	<del></del>
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date repartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were act by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	
action was not required.	lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder	
action was not required.		
July 07, 2 Dated	015	
Signature		
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	Anthony V. Spasaro	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	