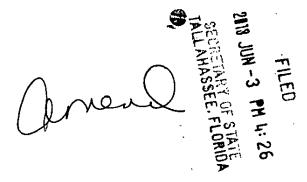
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. (Re	questor's Name)	
(Ad	dress)	
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COVER LETTER

TO: Amendment Section Division of Corporations	
()(Toloradi I doca
NAME OF CORPORATION: 4047	no withernational forp.
DOCUMENT NUMBER: 13000	028830
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning to	his matter to the following:
taul	Fontecilla
	Name of Contact Person
Quat	ro International Corp.
	Finn/Company
° 900) Brickell Key Blvd ADI-1805
	Address
Miani	. PL. 33131
	City/ State and Zip Code
\mathcal{P}_{C}	111-0- 11-0
	illa o gmail. Com
E-man and ess: (i-	o be used for future annual report notification)
For further information concerning this matter	; please call:
	. Q
taul tontecill	9 1,305 399-0219
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:
Y	
\$35 Filing Fee	
•	(Additional copy is Certified Copy
	enclosed) (Additional Copy
	is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment

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	Alticles of inc	=	FILE	9
Quatro Intern	ational	Corp		<u>РМ 4</u> : 26
(Name of Corporation as curren	tiv nied with the F	toriaa Dept. og Stai	BECKETARY TALLAHASSE	OF STATE
(Dames 4 No. 1)) N	Classes \	TALLAHASSE	E. FLUKIUM
(Document Numb	er of Corporation (i	i known)	1).	
Pursuant to the provisions of section \$07.1006. Fits Articles of Incorporation:	orida Statutes, this	Florida Profit Corp	orution adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of t	he corporation:	NIA		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "(word "chartered," "professional association," or	Corp," "Inc," or "	'Co". A professiona		the abbreviation
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET		\$1805 \$1805	brickell K	ey Blvd
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	S BON	900 Br # 1805 Wight.	ickell Keu	<u>Bl</u> vd
D. If amending the registered agent and/or re- new registered agent and/or the new regist			er the name of the	<u></u>
Name of New Registered Agent	NA			
<u></u>	(Florida str	reet address)		
New Registered Office Address:	Miami (City)		, Florida 3313 (Zp) Co	31 ode)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age			obligations of the po	sition.
NIH				

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change Add Remove	<u>Title</u>	Rul tontecilla	Address 900 Brickell Key Bluc Sept. 1805 Miami, FL. 33131
2) Change Add			
Remove 3) Change Add			
Remove 4)ChangeAdd			
Remove 5) Change			
Add		•	
δ) Change Add			
Remove			

(Attach d	<mark>ding or adding ad</mark> additional sheets, i	ditional Artic f necessary).	les, enter chi (Be specific)	<u>mge(s) here</u> :			
		***************************************		······································	, , , , , , , , , , , , , , , , , , , 		
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		•,					
If an an	rendinent provide	s for an excha	ange, reclassi	fication, or c	ancellation of	issued shares	1
provisi (<i>tf</i>	ons for implement not applicable, ind	ting the amen licate N/A)	dment if not	contained in	the amendm	ent itself:	
		4					
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The date of each amendment	
P.6045 J. 4. 16 17 1.1	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
✓ The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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
by	ŗ.
-, <u></u>	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated 05/2	1/2013
(By	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court
appo	pin ed fiduciary by that fiduciary)
	MIGUEL A. SANTOS
	(Typed or printed name of person signing)
	P,D
	(Title of person signing)