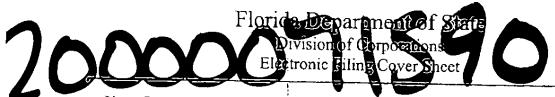
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number ::(850)617-6380

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707

Phone : (305)803-2736

Fax Number

: (305)646-1527

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

COR AMND/RESTATE/CORRECT OR O/D RESIGN BEST REMODELING SERVICES, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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Help

ov 09 2020 4:50pm

Articles of Amendment to Articles of Incorporation

BEST REMODELING SERVICES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P20000071590	nriment(s) tr
P20000071590	nriment(s) tr
	ndment(s) to
	ndment(s) to
(Document Number of Corporation (if known)	ndment(s) to
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following ame its Articles of Incorporation:	tionicin(s) to
A. If amending name, enter the new name of the corporation:	
BEST QUALITY WORK, INC.	
The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Cinc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A."	new orp.," word
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)	! •
C	
	_ 13
	— [
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:	\Box
· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent	
· , · 60	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code)	
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	
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

p.3

X Change

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:

John Doe

PT

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 Remove	$\underline{\mathbf{v}}$	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	Address			
1) Change						
Add						
Remove			2020			
2) Change	_		2020 NOV			
Add			-9			
Remove 3) Change			AH 9			
Add			9 11			
Remove						
4) Change						
Add						
Remove		;				
5)Change						
Add		:				
Remove		•				
6) Change		; 				
Add		·				
Remove						

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
		
		
)20
		A01 020
		
	•	9
	•	99
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	1 <u>-</u>
provisions for implementing the amen	ndment if not contained in the amendment itself:	9
(if not applicable, indicate N/A)	 	
-		
		 -

The date of each amendment(s) adoption: 1/09/2020 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	d shareholder
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	[
by	1
(voting group)	رب ()
11/09/2000	
Dated	ر ي ي
Signature	- - 1 6
(By a director, president or other officer – if directors or officers have not been detected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed (iduciary by that fiduciary)	
IVAN BARTOLOME	
(Typed or printed name of person signing)	
PRESIDENT & DIRECTOR	
(Title of person signing)	