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SECRETARY OF STATE
TALLAHARRIE, FL



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: QUALITY CARS	AND TRUCKS, INC.	
DOCUMENT NUM	59-2981012		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Linda J. Pforte		
	Name of Contact Person		
		Firm/ Company	
	2919 Penn Ave., Suite B	· · · · · · · · · · · · · · · · · · ·	
		Address	
	Marianna, FL 32448	City/ State and Zip Code	<u></u>
	LJP12259@gmail.com	only truce and thip code	
		sed for future annual report notification)	- <u>\$</u> 2
	_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	TAI TAI
For further informati	on concerning this matter, plea	se call:	SECRETARY OF STAT
Linda J. Pforte		at (<u>850</u>) 718-8334	
Name	e of Contact Person	Area Code & Daytime Telephone ?	Number Fin Co
Enclosed is a check t	for the following amount made	payable to the Florida Department of State:	FL FL
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
An Di P.C	neiling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	810

Articles of Amendment to Articles of Incorporation

(Name o	f Corporation as currently filed with t	he Florida Dept. of State)	
59-2981012			
	(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profi</i>	it Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			_The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". A professiona	rincorporated or the abbreviall al corporation name must contai	n the word
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)			2023 HAY SECRE
D. If amending the registered agent an new registered agent and/or the new		ia, enter the name of the	NAN OF ST
Name of New Registered Agent	Linda J. Pforte		TATE OB
	2919 Penn Ave. Suite B		- ,,,
	(Florida street address)		-
New Registered Office Address:	Marianna	, Florida	
The state of the s	(City)	(Zip	Code)

Check if applicable

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

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)

Example:

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	\underline{PT}	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i) Change	Р	John Dylan Pforte	4013 Old Cottondale Rd.
X Add			Marianna, FL 32448
Remove			
2) Change	ST	Linda J. Pforte	2919 Penn Avc. Suite B
X Add			Marianna, FL 32448
Remove 3) Change	P	John T. Pforte	4041 Old Cottondale Rd
Add			- Marianna, FL 32448 台ラ ヨ
X Remove			AHK 19
4) Change	VPST	John T. Pforte	4041 Old Cottondale Rd CO
Add			
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<u></u>

stach additional sheets, if necessary). (Be specific)	
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an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	ARY OF
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)	OF S SEE,
provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	ARY OF STATE WHASSEE, FL
provisions for implementing the amendment if not contained in the amendment itself:	7 <u> </u>
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provisions for implementing the amendment if not contained in the amendment itself:	7 <u> </u>

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient 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)	
	(voting group)	
May 17, 2 Dated Signature	Amola of Proste	
select	director, president or other officed if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Linda J. Pforte	2021 SEI
	(Typed or printed name of person signing)	2023 HAY 19 SECRETAR
	Secretary and Treasurer	AHA AHA 1 Y
	(Title of person signing)	AY 19 PM 3 08 ETARY OF STATE LAHLASSEE, FL