G35289

(Re	questor's Name)	
(Ad	dress)	
(Aoi	aress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	me)
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Special Instructions to	Filing Officer:	<u>.</u>
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SHOW DE CONTRACTOR

JUN 2 9 2017 3 WORKSHIT

COVER LETTER

TO: Amendment Sect Division of Corp			
NAME OF CORPO	RATION: TQM		
	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	LYDIA BOREK		
		Name of Contact Persor	
	BOREK PROPERTIES		
		Firm/ Company	
	1280 S POWERLINE RD, S	• •	
		Address	
	POMPANO BEACH, FL 33	069	
	,	City/ State and Zip Code	:
INFO	@LYDIABOREK.COM		
	-	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
f.	YDIA BOREK	954	979-4800
Name	of Contact Person	Area Coo) 979-4800 le & Daytime Telephone Number
Enclosed is a check to	or the following amount made		
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

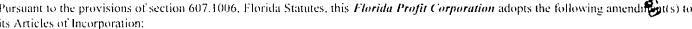
Articles of Amendment to

Articles of Incorporation

of

TQM

(Name of Corporation as currently filed with the Florida Dept. of State)



(realite of Col portation as	Currently inca with the Fig.	Tida IX JA: 07 Chate
	G35289	v
(Document)	Number of Corporation (if kno	own)
rsuant to the provisions of section 607.1006, Florida Stat Articles of Incorporation:	utes, this Florida Profit Corp	oration adopts the following amend
. If amending name, enter the new name of the corpor	ation:	
		The n
ame must be distinguishable and contain the word "c Corp.," "Inc.," or Co.," or the designation "Corp." "L ord "chartered." "professional association," or the abbr	ne," or "Co". A professione	
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
<u></u>		
		_
 If amending the registered agent and/or registered or new registered agent and/or the new registered office 		er the name of the

Name of New Registered Agent		
	l lorida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Register		
hereby accept the appointment as registered agent. I am	familiar with and accept the e	obligations of the position.
<u> </u>	of New Registered Agent, if c	sharring.
313'11(IIIII C	AR DEW NEW MUTCH TROOP ILE	760009009

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: <u>X</u> Change	<u>PT</u>	John Doc	
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>	<u>Addres</u> s
1) Change	P	GLADYS DE LA COVA DE PHEL/	4000 N CYPRESS DR # 106
Add			POMPANO BEACH, FL 33069
Remove			
2) Change	P	ALBERTO CHAVES	4000 N CYPRESS DR # 106
$X \longrightarrow Add$			POMPANO BEACH, FL 33069
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			-
Remove			
61 Change			
Add			
Remaye			

Attach additional sheets, if necessary).	(Be specific)
-	
	
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(у ногарунсате, такае мя)	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	

	04-19-2017	
The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
04	-19-2017	
Effective date <u>if applicable</u> :	(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 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 ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	nt(s)
	oproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ement .
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareho	older
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
06-14-20	17	
Dated	h of the Thin	
(By a select	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other on the fiduciary by that fiduciary)	
	GLADYS DE LA COVA DE PHELAN	
	(Typed or printed name of person signing)	
	PRESIDENT	