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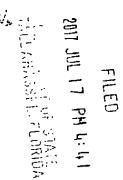
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G. GOLDEN

JUL 2 4 2017

## COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: A-I Quality Corp
DOCUMENT NUMBER: P0200004274
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Moshe Odiz  Name of Contact Person  A-1 Quality Corp  Firm/ Company  2700 W ATlantic Blvd # 212  Address  Pompano Beach, F1 33069  City/ State and Zin Code  A1 Quality Corp3 Call. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Moshe Odiz ar (954) 984-8681
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:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional Copy is enclosed)  S43.75 Filing Fee & S52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles of Incorporation

of	LITED LITED	
A-1 Quality Corp	2017 JUL 17 PM 4: 1	+ 1
(Name of Corporation/as currently fil		Ļ
P020000 42741	TĂLLA, ĂS ŠEÈ, PĽĎŘÍ	ĐΛ
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	 orida Profit Corporation adopts the following amendment(	s) te
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co' word "chartered," "professional association," or the abbreviation "P.A	". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
- -		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1.1/4	
(Mutang address MAT BE A FOST OFFICE BOX)	- <del>                                      </del>	
_		
-		
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	IA	
(P) -1		
(Florida street a	adaress)	
New Registered Office Address:	, Florida	
(Cit	(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.	
NA	stered Agent, if changing	
Signature of New Regis	stered Agent, if changing	

address of each Officer (Attach additional sheets Please note the officer/d P = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or D  i, if necess, irector title  President,  = Chief F  er, Director  d in the followers  aves the ce	irector be ary) z by the fit ; T= Trea inancial ( ir would b dowing me orporation	ing added:  sst letter of the office til  surer; S= Secretary; L  Officer. If an officer/d  e PTD.  inner. Currently John  s Sally Smith is named	tle: D= Director; TR= irector holds more Doe is listed as th	er/director being removed and title, name, and  Trustee; C = Chairman or Clerk; CEO = Chief  e than one title, list the first letter of each office  e PST and Mike Jones is listed as the V. There is  e should be noted as John Doe, PT as a Change,
X Change	<u> Tq</u>	John Do	2		
X Remove	<u>V</u>	Mike Jor	<u>nes</u>		
X Add	<u>SV</u>	Sally Sm	<u>ith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change  Add Remove	CEO	-	Annette (	Ddiz_	5603 NW 107 Ave Coral Springs, Fl 33076
2) Change Add Remove		_			
3 ) Change Add Remove	<del></del>	-			
4) Change Add Remove		-			
5) Change Add Remove	<del></del> ,-	-			
6) Change					

Remove

. If amending or adding additional Articles, enter change(s) (Attach additional sheets, if necessary). (Be specific)	here:
NA	
PIA	
**************************************	
If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contain	n, or cancellation of issued shares, ned in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	if outline them the
date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after an	nendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of voi by the shareholders was/were sufficient for approval.	tes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting grown must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	r approval
by(voting group)	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareh action was not required.	holder action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholde action was not required.	er action and shareholder
Dated 7/13/17	
Signature <u>hrothe</u> () the Signature (By a director, president or other officer – if director	rs or officers have not been
selected, by an incorporator - if in the hands of a rec	
appointed fiduciary by that fiduciary)	
Moshe Odiz / I	Lun Vaknin
(Typed or printed name of person	a signing)
Director.	Director
(Title of person signi	.ng)