

P02000115742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

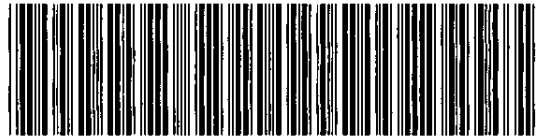
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

11-17

Office Use Only



200137159802

10/27/08--01041--033 \*\*35.00

FILED

08 NOV 17 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend 11/24 am

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Quality Insurance Solutions, Inc. +

**DOCUMENT NUMBER:** P02000115742 +

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADALBERTO VAZQUEZ

(Name of Contact Person)

QUALITY INSURANCE SOLUTIONS, INC.

(Firm/ Company)

14346 S.W. 49TH LANE

(Address)

MIAMI, FL 33175

(City/ State and Zip Code)

For further information concerning this matter, please call:

ADALBERTO VAZQUEZ

(Name of Contact Person)

at ( 786 ) 517-7840

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2008

ADALBERTO VAZQUEZ  
14346 S.W. 49TH LANE  
MIAMI, FL 33175

SUBJECT: QUALITY INSURANCE SOLUTIONS, INC.  
Ref. Number: P02000115742

We have received your document for QUALITY INSURANCE SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 108A00055647

**Articles of Amendment  
to  
Articles of Incorporation  
of**

QUALITY INSURANCE SOLUTIONS, INC.

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

P02000115742

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**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**)

**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: ADALBERTO VAZQUEZ

New Registered Office Address: 14346 S.W. 49TH LANE  
(Florida street address)

MIAMI, Florida 33175  
(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

08 NOV 17 PM 1:42  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

FILED

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>S</u>	<u>AMANDA VAZQUEZ</u>	<u>14346 S.W. 49th</u> <u>MIAMI, FL 33175</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>—</u>	<u>—</u>	<u>—</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>—</u>	<u>—</u>	<u>—</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

Shares of Stock will be re-distributed as follows:  
 Adalberto Vazquez — 90%  
 Amanda Vazquez — 10%

**F. If 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)*

N/A

The date of each amendment(s) adoption: 09-22-2008

Effective date if applicable: 09-22-2008

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

**(CHECK ONE)**

- ☐ 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):*

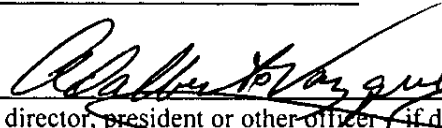
"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10-12-2008

Signature

  
(By a director, president or other officer, if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ADALBERTO VAZQUEZ

(Typed or printed name of person signing)

PRESIDENT/REGISTERED AGENT

(Title of person signing)