

PO6006114206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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10 AUG 12 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVAL  
AND  
FILED

*[Handwritten signature]*  
8/13/10

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: America's Quality Cake Services Inc

DOCUMENT NUMBER: PO6000114206

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

Please return all correspondence concerning this matter to the following:

Kimberley Russell  
Name of Contact Person

America's Quality Cake Svs Inc  
Firm/ Company

2500 East Hallandale Bch Blvd #506  
Address

HALLANDALE Bch, FL 33009  
City/ State and Zip Code

AMERICAS QCS1@MSN.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberley Russell at 954 540-5355  
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:

☒ \$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

of  
AMERICA'S QUALITY CARE SERVICES TWO  
(Name of Corporation as currently filed with the Florida Dept. of State)

PO6000114206

APPROVED  
AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Page 1 of 3

**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>
OWNER	Kimberly Russell	2500 E. WALLANDALE BOY BLVD #504 WALLANDALE BOY, FL 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
OWNER	ALBERT RUSSELL	2401 KIMBLE DR MILWAUKEE, FL 33023	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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)

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**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)

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The date of each amendment(s) adoption: 8-9-2010  
(date of adoption is required)  
Effective date if applicable: 8-9-2010  
(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 8-9-2010

Signature [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)

Kimberly Russell  
(Typed or printed name of person signing)

CEO  
(Title of person signing)