P07000103231

| (Re | questor's Name) | |
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| (City/State/Zip/Phone #) | | |
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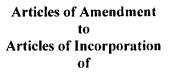
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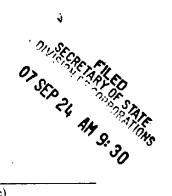
COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: ALL STATE | QUALITY SERVICE . | CORP |
|--|--|---|---|
| DOCUMENT NU | JMBER: <u>P07000103231</u> | | |
| The enclosed Artic | cles of Amendment and fee ar | e submitted for filing. | • |
| Please return all co | orrespondence concerning this | matter to the following: | |
| MA | NOLO DELGADO | | |
| | (Name o | f Contact Person) | |
| AL | L STATE QUALITY S | ERVICE .CORP. | |
| (Firm/ Company) | | | |
| e de la companya de l | . Char | ga en anggribis nesa. Salahan ay eng | |
| <u>75</u> | 1 SE 3 RD PLACE | | |
| | (| Address) | |
| HIA | ALEAH , FLORIDA 33010 | · | • |
| | (City/ Sta | ate and Zip Code) | |
| For further inform | ation concerning this matter, p | blease call: | , |
| MANOLO DEL | GADO | at (305) 345 85 | 81 |
| (Nam | e of Contact Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed is a chec | k for the following amount: | | |
| ☑ \$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) |
| P.O. Box 6 | nt Section Corporations | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci | rcle |

Tallahassee, FL 32301





ALL STATE QUALITY SERVICE . CORP

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

| P07000103231 |
|--|
| (Document number of corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| NEW CORPORATE NAME (if changing): |
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
| ARTICLE V- MANUEL DELGADO- CORRECT NAME- MANOLO DELGADO |
| |
| |
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| , |
| |
| (Attach additional pages if necessary) |
| |
| If an amendment provides for 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) |
| |
| |
| (continued) |

| The date of each amendment(s) adoption: 09/17/2007 |
|---|
| Effective date if <u>applicable</u> : 09/20/2007 |
| (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) |
| The amendment(s) was/were approved 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. |
| 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) |
| MANOLO DELGADO (Typed or printed name of person signing) |
| (Typed of printed name of person signing) |
| PRESIDENT |
| (Title of person signing) |

FILING FEE: \$35