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SHORED AND STATE
TALLY MASSEE, FL

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: QUALITY TOOL	& WELDING, INC.	
DOCUMENT NUMB		,	
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this mat	tter to the following:	
	CARLOS M RUIZ		
-		Name of Contact Person	1
	QUALITY TOOL & WELD	ING, INC	
•		Firm/ Company	
	4115 NW 132ND STREET		
-		Address	
	OPA LOCKA, FL 33054		
-		City/ State and Zip Code	e
For further information	concerning this matter, pleas	sed for future annual report	notification)
CARLOS M RUIZ		305	de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 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)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle USSEE, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED 2018 DEC 27 PM 4: 53

QUALITY TOOL & WELDING INC

(Name o	f Corporation as currently	v filed with the Florida Dept. of State) F STATE
P08000012306		MA-MINOSIE, FE
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
NONE APPLICABLE		The new
	ition "Corp," "Inc," or "C	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, i	f annlicable:	NON APPLICABLE
(Principal office address MUST BE A ST		
C. Enter new mailing address, if applic	cable:	
(Mailing address MAY BE A POST C		
D. If amending the registered agent and new registered agent and/or the new		
	NONE APPLICABLE	
Name of New Registered Agent		
	(Florida stre	et address)
New Registered Office Address:		Florida
		(City) (Zip Code)
Nam Daniatanud Amant's Simuatura if ab	anning Desigtant Agent	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		: with and accept the obligations of the position.
	•	<del>,</del>
	Signature of New R	egistered Agent, if changing

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: X Change	<u>PT</u>	John Doe	
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	VP	ERNESTO LABRADA	4115 NW 132ND STREET
X Add			BAY A
Remove			OPA LOCKA, FL 33054
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			-
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
(	
	<del></del> .
	et
<ul> <li>If an amendment provides for an exchange, reclassification, or cancellation o provisions for implementing the amendment if not contained in the amendm</li> </ul>	ant itself:
(if not applicable, indicate N/A)	eneroen.
· · · · · ·	
CARLOS M RUIZ: PRESIDENT 51% OF STOCK	
ERNESTO LABRADA: VICE PRESIDENT 49% OF STOCK	
Annote di Didivini vicio vicio di Cicci.	
	· ·
	····

•	12/21/201	8		
The date of each amendment(s) a date this document was signed.	doption:			, if other than th
12/	21/18			
Effective date <u>if applicable</u> :	(no m	ore than 90 days after an	nendment file date)	
Note: If the date inserted in this document's effective date on the D			filing requirements, this date	e will not be listed as th
Adoption of Amendment(s)	(CHECK C	<u>ONE</u> )		
The amendment(s) was/were adby the shareholders was/were so			tes cast for the amendment(s)	
☐ The amendment(s) was/were ap must be separately provided for				nt
"The number of votes cast	for the amendment(	(s) was/were sufficient for	approval	
by		<del></del>		
	(voting gro	pup)		
☐ The amendment(s) was/were ad action was not required.	opted by the board o	of directors without shareh	nolder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorpo	orators without shareholde	er action and shareholder	
DECEMB Dated	ER 21, 2018			
selecto	d, by an incorporate	or - if in the hands of a rec	rs or officers have not been ceiver, trustee, or other court	
арроіі	ntéd fiduciary by that	t fiduciary)		
	CARLOS M. RUI	Z		
	(Typed	or printed name of persor	n signing)	
	PRESIDENT			
		(Title of person signi	ng)	