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RIVETT

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: QUALITY TOOL	& WELDING, INC		
DOCUMENT NUM	BER: P08000012306			
	of Amendment and fee are sul	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	CARLOS M. RUIZ			
		Name of Contact Person	1	
	QUALITY TOOL & WELING INC			
		Firm/ Company		
	4115 NW 132ND STREET U	INIT A		
		Address		
OPA LOCKA, FL 33054				
	City/ State and Zip Code			
	QUALITYTOOLWELDING@ATT.NET			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
CARLOS M RUIZ		at (<u>305</u>	793-4225	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.C	iling Address tendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The C 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

QUALITY TOOL & WELDING INC		0 [1]:19
(Name of Corporat	tion as currently filed with the Fl	orida Dept. of State)
P08000012306		
(Docu	iment Number of Corporation (if ki	nown)
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Cor	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the o	corporation:	
NONE APPLICABLE		The new
name must he distinguishable and contain the word "a "Inc.," or Co.," or the designation "Corp." "Inc "chartered," "professional association," or the abbr	e," or "Co". A professional cor	orporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>OX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	Florida
New Registered Agent's Signature, if changing Re	gistered Agent:	
I hereby accept the appointment as registered agent.		obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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>Na</u>	<u>me</u>	<u>Addres</u> s
1) Change	VP	ER	RNESTO LABRADA	4115 NW 132ND STREET
Add				BAY A
X Remove				OPA LOCKA, FL 33054
2) Change				
Add				
Remove 3) Change				
Add				<u> </u>
Remove				
4) Change				
Add				
Remove				
5) Change			.	
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary). (Be specific) NONE 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 NA) 100% SHARES OWNERSHIPI: CARLOS M RUIZ	E. If amending or adding additional Articles, enter of	change(s) here:
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)	- ,	IC)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	NONE	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
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(if not applicable, indicate N/A)	F. If an amendment provides for an exchange, recla	ssification, or cancellation of issued shares,
	provisions for implementing the amendment if n	not contained in the amendment itself:
100% SHARES OWNERSHIPI: CARLOS M RUIZ		
	100% SHARES OWNERSHIPI: CARLOS M RUIZ	
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	NOVEMBER 25, 20	
The date of each amendment(s) :	idoption:	, if other than the
date this document was signed.		
	VEMBER 25, 2020	
Effective date <u>if applicable</u> :	(no more than 9t	days after amendment file date)
Note: If the date inserted in this document's effective date on the E		able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or b	ooard of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	•	number of votes cast for the amendment(s)
		ough voting groups. The following statement vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/we	re sufficient for approval
by		<u>,"</u>
	(voting group)	
NOVEMI Dated	BER 25,2020	
Signature	Sul	
(By a select		ter – if directors or officers have not been the hands of a receiver, trustee, or other court
	CARLOS M. RUIZ	
	(Typed or printed	name of person signing)
	PRESIDENT	
	(Title of person sig	gning)