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09/21/21--01017--016 ++43.75





## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Quality Research	Disbursement of South Flo	rida	
DOCUMENT NUME	BER:			
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.		
Please return all corres	spondence concerning this ma	utter to the following:		
	NUBIA CONCEPCION			
	TODIN CONCERCION	Name of Contact Perso	n	
	QUALITY RESEARCH DI	SBURSEMENT OF SOUT	'H FLORIDA	
		Firm/ Company		
	7733 NW 192 STREET			
		Address		
	HIALEAH, FLORIDA 3301	<del></del> -		
		City/ State and Zip Coc	le	
neqi	ualityresearch@gmail.com			
	E-mail address:	(to be used for future annua	al report notification)	
For further information	n concerning this matter, plea	se call;		
Nubia Concepcion		at ( <u>786-</u>		
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment 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:		Street Address		
Amendment Section Division of Cornerations		Amendment Section Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

FILED of

Quality Research Disbursement of Floric	la Corp.		CUZI SEP 21 DV		
( <u>Name</u> e	of Corporation as curren	tly filed with the Florida	Dept. of State)		
	(Document Number	of Corporation (if known)	181.		
ursuant to the provisions of section 607. s Articles of Incorporation:	1006. Florida Statutes, thi	s Florida Profit Corporatio	on adopts the following amendment(s)		
. If amending name, enter the new n	ame of the corporation:				
ouality Research of South Florida Corp.			The new		
une must be distinguish <mark>a</mark> ble and contair lnc.," or Co.," or the designation "C chartered," "professional association,"	Corp." "Inc." or "Co".	A professional corporation	ted" or the abbreviation "Corp.,"		
Enter new principal office address,	if annlieable:	2081 West 76th Street	t		
Principal office address MUST BE A S		Suite 101			
		Hialeah, Florida			
Enter new mailing address, if appl (Mailing address MAY BE A POST		PO Box 171407			
		Hialeah, Florida 33017			
If amending the registered agent an new registered agent and/or the ne			e name of the		
Name of New Registered Agent			<del></del>		
		street address)	33016		
New Registered Office Address:	2081 West 76th Street, Suite 101 Hialcah		Florida		
	1000		,,,,,		
Sew Registered Agent's Signature, if a hereby accept the appointment as regis.			(Zip Code)		
	0: :::	D	<del>,</del>		
	Signature of New	Registered Agent, if chang.	ing		

## 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 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 Do	OC	
X Remove	<u>v</u>	Mike Jo		
X Add	<u>SV</u>	<u>Sally Sr</u>	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	· 	_		
Add				
Remove				
2) Change	<del></del>	<u>—</u>		<del></del>
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_	<del></del>	
Add				
Remove				

THE COLUMN	sheets, if necessary).	(Be specific)				
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				,		
f an amendment	provides for an ex-	change, reclassif	fication, or canc	ellation of issued	shares,	
provisions for in	nplementing the an able, indicate N/A)	<u>iendment if not</u>	contained in the	amendment itsel	<u>f:</u>	
(1) 1121 (1)	inic, bidicine inity					
		_				

The date of each amendment(s) adoption: 08/27/2021 date this document was signed.	, if other than the
Effective date if applicable: 08/27/2021	
(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 east 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 08/27/2021	
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)	_
Nubia Concepcion	<u> </u>
(Typed or printed name of person signing)	
President	

. . . . .

(Title of person signing)