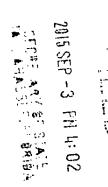
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SEP 0 8 2015 C. CARROTHERS

COVER LETTER

. 17

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: A &M Quality Improvement Group.
DOCUMENT NUMBER: <u>270941789</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Armando Flores Name of Contact Person
Firm/ Company
211 Bent Arrow. Dr. Address
Destin, Fl. 32541 City/ State and Zip Code
qua pointing a Yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Armando Flores at (850) 499-23 65 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 U\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)

Mailing Address

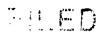
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment to Articles of Incorporation of



2015 SEP -3 PM 4: 02

	SFORE JARY OF STAIR
(Name of Corporation as currently	filed with the Florida Dept. of Sfate)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation or. A professional corporation name must contain the
D. D	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(i the control of the address most be A Street Abbress)	
	
C. Enter new mailing address, if applicable:	'
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
new registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
ł c	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position
т петебу ассері іне арронитені аз гедімегей адені. Тат јатінаг wi	т ана ассері те оонданоть од те розіноп.
Signature of New Pa	gistered Agent, if changing
ingrature of New Ne	gisterea rigem, y enanging

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:	же, ини пину эт	in, 57 us un Auu.	
Example: X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
<u>X</u> Add	SV Sally	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	√p _	Monim Ortega	211 Bent Arrow D.
Add			Destin Fl. 32541
Remove			
2) Change	0		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
6) Change			
Add			-
Remove			•

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
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)	
(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 08/10/2015	
Signature	
(By a director, president of 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)	
Armondo Flores	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	