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COVER LETTER

TO: Amendment Section **Division of Corporations** A+ Quality Solutions Corp NAME OF CORPORATION: ___ **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 7200 NW 114 Ave #203
Address

DORAL, FL 33178

City/ State and Zip Code For further information concerning this matter, please call: at (<u>305</u>) <u>937 326 9</u> Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & **\$35** Filing Fee ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy

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

(Additional Copy is enclosed)

Articles of Amendment

to

Articles of Incorporation

•	of	
A + Quality Soluti	ions Com	
(Name of Corporation as currently filed with	th the Florida Dept. of State)	
P1000000 49)	10	
(Document Number of Corpor	ration (if known)	
Pursuant to the provisions of section 607.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Profit Corporation a	adopts the following
A. If amending name, enter the new name of the corporate	tion:	
Same		The new
name must be distinguishable and contain the word "coabbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional asso	"Corp," "Inc," or "Co". A professiona	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>) 1/0	15 6
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AHASSEE, FLORIDA	FILED MAR 29 PM 12: 33
D. If amending the registered agent and/or registered offi		of the
new registered agent and/or the new registered office a	address:	
Name of New Registered Agent:	N/A	
	11/0	
New Registered Office Address: (Fl	orida street address)	
	, Florida	
(Ci		
Nam Dagistanad Amaraha Sharatana 16 daga 1- Dagistan	I A4.	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		f the position.
A.	V/A	poznom
Signature of No	ew Registered 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)

Title .	<u>Name</u>	Address	Type of Action
<u>VP</u>	Teresa MORENO	12011 SW 190 St Miami, FL 331	Tees ☐ Add ☐ Remove
	nding or adding additional Articles, endditional sheets, if necessary). (Be s		
provis	mendment provides for an exchange ions for implementing the amendmenting the amendmenting the applicable, indicate N/A)		
	NA		

The date of each amendment(s) a	doption: 3/15/20/0
Effective date if applicable:	(date of adoption is required) 3/15/20/0
	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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	ing group)
(vot	ng group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	17/10
Signature	Cela Clubse
selected,	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)