## P1000053385

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TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: RQ AND ASSOCIATES INC.  DOCUMENT NUMBER: P100000 52385					
DOCUMENT NUMBER: P100CCO 52385					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
SUSANA H ESQUIVE  Name of Contact Person  RQ AND ASSOCIATES INC  Firm/ Company  399 NW 62nd AVE  Address  MIAMI F 33126  City/ State and Zip Code					
RQ AND ASSOCIATES INC					
Firm/Company  399 NW 62nD AVE					
MIAMI F1 33126					
City/ State and Zip Code					
RCASSOCIATES INCAGMAIL. COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
SUSANA M ESQUIVE at (305), 773-7920  Name of Contact Person Area Code & Daytime Telephone Number					
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:					
S35 Filing Fee					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

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Articles of Articl	nendment
Articles of Inco	rporation
RQ AND ASSOCIAT	
· · · · · · · · · · · · · · · · · · ·	filed with the Florida Dept. of State)
P100000523	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Forida 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," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	399 NW 62ND AUE MIAMI, F   33126
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	399 NW 62ND AUE MIAMI, Fl 33126
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	pet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the 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.\$.

<u>f amending or adding additional Articles, enter change(s</u> Attach <i>additional sheets, if necessary).</i> (Be specific)	<del>- </del>
<del> </del>	
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<u>If an amendment provides for an exchange, reclassificati</u>	on, or cancellation of issued shares,
provisions for implementing the amendment if not cont	ained in the amendment itself:
(if not applicable, indicate N/A)	
	1
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	l l

address of each Office (Attach additional she Please note the officer P = President; V = Vi Executive Officer; CF President, Treasurer, Changes should be no a change, Mike Jones	er and/or D  tets, if necess  c/director titl  ce President  O = Chief Fi  Director woo  ted in the for  leaves the ce	irector being added: eary) The by the first letter of the off; The Treasurer; She Secretion of the Officer. The an officer of the PTD. The manner of the the officer of the PTD. The manner of the the officer of the the PTD.	ifice title:  tary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO  ter/director holds more than one title, list the first letter of each off  John Doe is listed as the PST and Mike Jones is listed as the V.  named the V and S. These should be noted as John Doe, PT as a	) = Chie fice hela There i
X Add	<u>-</u> <u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	1
1) Change Add	VD_	MADELAI	NE TONDEMENT 399 NW 62ND MIAMI, F/ 8	AUE 3126
Remove				
2) Change Add				
Remove 3) Change				
Add				
Remove 4) Change	<del> </del>			
Add				•
5) Change Add				
Remove				
6) Change Add				
Remove				

·. The date of each amendment(s) adoption:	01/01/2	1022	, if other than the
date this document was signed.	1 1 - 3 -		
Effective date <u>if applicable</u> :	101/2022	rs after amendment file	
	(no mòre than 90 da	vs after amendment file	date)
Note: It the date inserted in this block does not document's effective date on the Department of		statutory filing require	ements, this date will not be listed as th
Adoption of Amendment(s) (CH	ECK ONE)		
The amendment(s) was/were adopted by the action was not required.	incorporators, or boar	d of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The nu approval.	mber of votes cast for the	he amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders throug group entitled to vote	h voting groups. The foresteeparately on the amer	llowing statement ndment(s):
"The number of votes east for the amer	ndment(s) was/were s	ufficient for approval	
by	ing group)		
(1011	ing group)		
Dated	022		
(By a director, presi	orporator – if in the ha	- if directors or officers ands of a receiver, truste	
	SUSANA	HESQU ne of person signing)	IVE
(	_	1	
	TRESID Title of person signir	<del></del>	
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