

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000319941 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INI.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN TOTAL QUALITY CONSULTING GROUP CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help C GOLDEN

OCT 3 1 2019

L;

	Articles of Amendment	2019 007 30	Λ <u>Ψ.ΙΩ-</u> (
	Articles of Incorporation of	2477.57 00	HITTO- (
	TOTAL QUALITY CONSULTING GROUP CORP		
1-1	(Name of Corporation as currently filed with the Florida Dept. of Sta	<u>.tt:</u>)	
	P10000058992		
	(Document Number of Corporation (if known)		
	to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the of Incorporation:	c following amend	iment(s) to
A. If an	nending name, enter the new name of the corporation:		
		The	กอง
"Corp"	ust be distinguishable and contain the word "corporation," "company," or "incorporated" "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation n hartered, ""professional association," or the abbreviation "P.A."	or the abbrevia	tion the
	of new principal office address, if applicable: al office address <u>MUST BE A STREET ADDRESS</u>)		
C. Ent	er new malling address, if applicable: iling address MAY BE A POST OFFICE BOX)		
D. <u>If ai</u>	mending the registered agent and/or registered office address in Florida, enter the name of t registered agent and/or the new registered office address:	he.	
	Name of New Registered Agent		
		<u> </u>	
	(Florida street uddress)		
	New Registered Office Address: (City)	dt(Zip Code)	
New Re I hereb	egistered Agent's Signature, if changing Registered Agent: y accept the appointment as registered agent. I am familiar with and accept the obligations of th	e oostion.	•
	Signature of New 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)

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 Doe		
X Remove	<u>v</u>	Mike Joneş		
X Add	<u>sy</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
I)Change	 -	_		
Add				
Rcmove				
2)Change		_		
Add				
Remove				
3)Change				
Add				
Remove				
4)Change	·			
Add				
Remove				
5)Change				
Add				<u></u>
Remove				
6)Change		 		·
Add			·	<u> </u>
Remove				

LAZARUS CORPORATE

PAGE

05/05

10/30/2019 15:10

3052201440

CARLOS A. CHICA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)