P110000008292

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE OF CORPORATION:
12 SEP -4 PM 2: 40

Amend

SEP - 6 2012 T. BROWN

COVER LETTER

TO: Amendment Section

Division of Corp	orations			
NAME OF CORPO	RATION: QCHA, INC			
	_{BER:} P1100000829			
	of Amendment and fee are su			
	•	_		
Please return all corre	espondence concerning this ma	tter to the following:		
	ADRIANA MORE	NO		
		Name of Contact Person		
	WXC CORPORA			
	0000 101 50 10	Firm/ Company		
	8300 NW 53rd S		50	
	DODAL EL 2040	Address		
	DORAL, FL 3316			
		City/ State and Zip Code		
an	oreno@wxccorp.c			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
ADRIANA M	IORENO	at (305	7422187	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	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)	
	ailing Address		Address	
	nendment Section vision of Corporations	Amendment Section Division of Corporations		
P.0	D. Box 6327	Clifton Building		
Ta	llahassee, FL 32314		executive Center Circle eassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

DIVISIONETA	CORPORATIONS
12 SEP	CORPORTATE
	PH 2:40

QCHA, INC

(Name of Corporation as currently filed wit	th the Florida De	ept. of State)	,,, <	°40
P11000008292				** U
(Document Number of Corpor	ration (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this <i>Florida P</i>	Profit Corporation ado	ots the following	amendment(s) to
A. If amending name, enter the new name of the corporat	tion:			
				The new
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrev.	c," or "Co". A p	pany," or "incorpord professional corporati	ated" or the abl on name must co	breviation ontain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS				
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered offi	ing address in El	ouide enter the name	of the	
new registered agent and/or the new registered office s		orida, enter the name	or the	
Name of New Registered Agent				
(Fl	lorida street addres.	s)		
New Registered Office Address:		, Florida		
	(City)	, , , , , , , , , , , , , , , , , , , ,	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		accept the obligations (of the position.	
Signature of New Regi	istered Agent, if c	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 <math>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.

X Change	<u>PT</u> John	ı Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Title V	DANNA GARCIA	6538 COLLINS AVE. #104
Add			MIAMI BEACH FL 33141
X Remove			
2) Change			
Add			
Remove			
3) Change	·		
Add			
Remove			
4) Change			*
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change			•
Add			
Remove			

ttach <i>additi</i>	or adding additional onal sheets, if necessa	ry). (Be specific)			
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				<u> </u>	
•					
					
					
					
					
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			·		<u></u>
			_ _		
					
ian amand	ment provides for an	evehanne reclass	ification or cane	ellation of issued	l chares
nrovisions	for implementing the	amendment if not	contained in the	amendment its	elf:
(if not a	applicable, indicate N/	(A)			
(3)		•			
				<u> </u>	
					
		-		 	
			. <u> </u>	·····	

The date of each amendment(s) a	option: 8 - 20 - 20 (2~	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more man 90 days after amenament fire date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	pted by the shareholders. The number of votes cast for the amendment(s ficient for approval.)
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	ſ
Dated Augus	20Th 2012	
Signature (laidia suna.	
selecte	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	;
	Maria C Osuna Haria Gavdia Osun	<u>a.</u>
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	