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(Requestor's Name)	
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TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION: QUALIT	TY INSURANCE OF SOU	TH FLORIDA
DOCUMENT NU	MBER:	P11000016319	
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	
		LIZABETH PEREZ	
	N	lame of Contact Person	
	QUALITY INSL	JRANCE OF SOUTH FLORID	A
		Firm/ Company	
	8724	SW 72ND STREET	
		Address	
		MIAMI, FL 33173	
	C	ity/ State and Zip Code	
	qualityins E-mail address: (to be use	florida@yahoo.com d for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
ELI	ZABETH PEREZ	at (305 ·) 5	595-9191
Name	of Contact Person	Area Code & Daytime Te	elephone Number
Enclosed is a checl	k for the following amount n	nade payable to the Florida Depa	rtment 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)
P.O. Box 6	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	:le

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

STORED 6 AMIO.

QUALITY INSURANCE OF SOUTH FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000016319

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

me must be distinguishable and contain in the breviation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "pro	designation "Corp," "Inc,"	or "Co". A professional corporat
Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE		
If amending the registered agent and/or r new registered agent and/or the new regis		lorida, enter the name of the
		lorida, enter the name of the
new registered agent and/or the new regis		

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** Address Type of Action <u>Name</u> VP **GEORGE GARCIA** ____ 🔲 Add 1401 SW 135 TERR ☑ Remove PEMBROKE PINES, FL ___ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendmen	t(s) adoption: 08/31/2011
Effective date if applicable:	(date of adoption is required)
,	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	ELIZABETH PEREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)