P11000016319

(Re	equestor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	w
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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SECRETARY OF STATE

T. LEMIEUX 1. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

	P1100001631		SOUTH FLORIDA
	s of Amendment and fee are su		·
Please return all corre	espondence concerning this mat	tter to the following:	
	ELIZ	ZABETH PEREZ	2
		Name of Contact Person	n
QUALITY INSURANCE OF SOUTH FLORIDA			
	Firm/ Company		
	8724 S.W. 72 ST.		
	Address		
	MIAMI, FLORIDA 33173		
		City/ State and Zip Cod	e
	QUALITYINSI	FLORIDA@YAH	IOO.COM
		sed for future annual report	
	on concerning this matter, pleas		
ELIZABETH PEREZ		at (305	, 595-9191
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)
Ma	ailing Address	<u>St</u> reet	Address
An	nendment Section	Amendment Section	
Division of Comprations		Divisio	an of Compressions

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

QUALITY INSURANCE OF SO		エガし	<u></u>		
(Name of Corporation as currently	y filed with the Florida De	pt. of State)			
P11000016319	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	•	rofit Corporation adop	ots the following a	mendment(s)	to
A. If amending name, enter the new name of the	e corporation:				
			T	he new	
name must be distinguishable and contain the ward "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co". A p	pany," or "incorport professional corporati	ited" or the abb	reviation	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		····			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	B OX)				
D. If amending the registered agent and/or registered agent and/or the new registered		orida, enter the name	of the		
Name of New Registered Agent					
	(Florida street address	7)			
New Registered Office Address:		, Florida			
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		accept the obligations	of the position.	•	
			N H H	2013	
Signature of	f New Registered Agent, if c	hanging		3 P P	ń
			LS3 Navi	23	، پیشین
			The man	P I	<u>U</u>
	_		문 당 당		J

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 Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	ELIZABETH PEREZ	8724 S.W.72 ST
XAdd			MIAMI, FLORIDA 33173
Remove			00110
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. ,	icles, enter change(s) here: (Be specific)	
		
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

The date of each amendment(s) a	Adoption: APRIL 1, 2013
Effective date if applicable:	PRIL 1, 2013
	(no 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 s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes case	t for the amendment(s) was/were sufficient for approval
/ by	(voting 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 APRIL	
Signature <u></u>	long
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	ELIZABETH PEREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)