## P11000011099

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(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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Amend (10.10.13

## **COVER LETTER**

**TO:** Amendment Section a Division of Corporations

NAME OF CORPORATION: QUALITY	A/C CONTRACT	ORS INC			
DOCUMENT NUMBER: P110000	17699	, 41			
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this n	natter to the following:				
Edmundo R Zav	/aleta				
	Name of Contact Person	l			
Quality A/C Cor	ntractors Inc.				
	Firm/ Company	·			
14059 SW 273	Terrace				
	Address				
Homestead Flor	ida 33203				
	City/ State and Zip Code	:			
qualityaccontractors	s@amail.com				
· •	used for future annual report	notification)			
For further information concerning this matter, ple	ease call:				
Edmundo Zavaleta	at ( 305	, 484 2497			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount mad	e payable to the Florida Depa	rtment of State:			
■ \$35 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)			
Mailing Address	Street .	Address			
Amendment Section		ment Section			
	Division of Corporations Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		Building xecutive Center Circle			
i ananassee, pl 34314	2001 E	ACCULIVE CEINEI CHCIE			

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

## QUALITY A/C CONTRACTORS,INC »

to Articles of Inc of	corporation		
QUALITY A/C CONTRACTORS,INC .	•		
(Name of Corporation as currently filed with the I	Florida Dept. of Sta	<u>ite</u> )	- Spart
P11000017699			
(Document Number of Corporation (	(if known)		
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corp	poration adopts the fol	llowing amendment(s) to
. If amending name, enter the new name of the corporation:			
N/A  ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or or ord "chartered," "professional association," or the abbreviation	"Co". A profession	r "incorporated" or nal corporation name	The new the abbreviation must contain the
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		er the name of the	
Name of New Registered Agent N/A		<u></u>	
	treet address)		
New Registered Office Address: N/A	·,••	, Florida	
(City,	v)	(Zip Cod	de)
Ν1/Λ	v) I <b>t:</b>	(Zip Cod	·

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	PT	John Do	<u>30</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<del>mith</del>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VT		Rosa M Zavaleta	14059 SW 273 Terrace
<b>✓</b> Add			•	Homestead Florida 33032
Remove				
2) Change		_		
Add				
Remove				
3) Change		<del></del>	<del></del>	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				***************************************
Add				
Remove				
6) Change				
Add				12.11.21.21
Remove				
I I VOLLIO AC				

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)	/A	nal sheets, if necessary	v). (Be specific)			
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)						
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(if not applicable, indicate $N/A$ )	If an amenda		mendment if not co	ntained in the amen	dment itself:	
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	If an amends provisions f (if not a	or implementing the all opticable, indicate N/A)				

The date of each amendment(s) adoption: 10/07/2013	, if other than the
date this document was signed.	
Effective date if applicable:	- ·
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/07/2013 SignatureSignature	
(By a director, president or other officer - if directors or officers have not been	_
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
EDMUNDO R ZAVALETA	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	_