P11000018865

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700260542997

05/29/14--01011--003 **35.00

2014 MAY 29 A 4: 23 SECRE TARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: QUALITY PERFORMANCE FEED & SUPPLIES INC DOCUMENT NUMBER: P11000018865						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	ANIA PEREZ					
	Name of Contact Person					
	QUALITY PERFO	RMANCE FEEL	& SUPPLIES INC			
		Firm/ Company				
	11399 NW 122 ST					
	Address					
	MEDLEY, FL 33178					
		City/ State and Zip Code				
Δ٨١	IAP2072@YAHO	O COM				
		ed for future annual report	notification)			
	C-man address, (to be da	ed tot future aimaar report	iotineationy			
For further information	on concerning this matter, pleas	ee call:				
ANIA PEREZ		_{at (} 561	386-8257			
Name	of Contact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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)			
Am Div P.C	iling Address endment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301			

Articles of Amendment to Articles of Incorporation of

QUALITY PERFORMANCE FEED & SUPPLIES INC

(Name of Corporation as currently filed w	ith the Florida Dept. of State)
P11000018865	
(Document Number of Corp.	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statitis Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	ation:
N/A	The new
name must be distinguishable and contain the word "co". "Corp.," "Inc.," or Co.," or the designation "Corp." "It word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	S)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	-
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent ANIA PER	
2348 W 50	6 ST APT 18
	Florida street address)
New Registered Office Address: HIALEAH	. Florida 33016 =
Hen registered office radicess.	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Signature of New Re	Soistered 4 that 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 <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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DP	ROMAN M PEREZ	2796 FAWN DR
Add			LOXAHATCHEE, FL 33470
Remove			
2) Change	DP	ANIA PEREZ	2348 W 56 ST APT 18
\overline{Add}			HIALEAH, FL 33016
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

	icles, enter change(s) here: (Be specific)
I/A	
	
	·

If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 05/19/2014 (no more than 90 days after amendment file date)	
mone man 20 days agree amenament fre accept	
Adoption of Amendment(s) (CHECK ONE)	
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 05/19/2014	
Dailed	
Signature Signature	
(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)	
ROMAN M PEREZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	