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SECRETARY OF STAIL
LIVISION OF CORPARALLA

JUN 2 1 2018

COVER LETTER

ACCRETARY OF STATE OF STATE

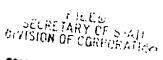
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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	LITY GROUP, INC.	
DOCUMENT NUME	BER: P11000096840		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	KARINA GOMEZ		
		Name of Contact Person	1
	ASSISTED QUALITY GRO	DUP, INC.	
		Firm/ Company	
	15205 SW 78 COURT		
		Address	
	PALMETTO BAY, FLORIC	DA 33157	
		City/ State and Zip Cod	e
KARI	NAGOMEZ1982@HOTMA	JL.COM	
	_	sed for future annual report	notification)
			······································
For further information	concerning this matter, pleas	se call:	
KARINA GOMEZ		at (896-3249
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
	•		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		<u>Street</u>	Address
Ame	ndment Section	Amendment Section	
Division of Corporations			on of Corporations
P.O. Box 6327			Building
Tallahassee, FL 32314		2001 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ASSISTED QUALITY GROUP, INC.

IN SUNT BERNIE

(<u>Name</u>)	of Corporation as curren	tly filed with the Florida Dept. of State)
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:		s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	ution "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:		N/A
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)		N/A
D. If amending the registered agent an new registered agent and/or the new		
	N/A	
<u>Name of New Registered Agent</u>	15205 SW 78 COURT	
	(Florida s	treet address)
New Registered Office Address:	PALMETTO BAY	. Florida 33157
The regiments of the state est.		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ager	ı † ·
		with and accept the obligations of the position.
	Circumstance of None	Registered Agent 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 PTD.

Changes should be noted in the following manner. Currently John Doc 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 Do	<u>e</u>	
\underline{X} Remove	$\underline{\mathbf{V}}$	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	ith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	N/A ———	_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	•
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment usen:
N/A	
· · · · · · · · · · · · · · · · · · ·	

	06/05/2018	
The date of each amendment(s)	adoption:, if	other than the
date this document was signed.		
	6/05/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	oe listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
action was not required.	displict by the memporators without shareholder action and shareholder	
06/15/20 Dated)18	
Signature	Cuno Como	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	KARINA GOMEZ	
	(Typed or printed name of person signing)	
	D/P	
	(Title of person signing)	