P11000099694

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	uiess)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Ru	siness Entity Nan	na)
(Bu	Silless Lifety Hair	ile)
(Do	cument Number)	.
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700392765257

08/22/22--01038--028 **35.00

PALLANASSEE TEORIDA

022 AUS 22 AH 10: 54

DEC 2 2022 3. PRASSES

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: High QU	ality Connections Inc.
_	0099694
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
	Carlos F. Bau Z Name of Contact Person
	High avail by Connections Inc
_	Western wey #7 Address SUNVING, FL 32256
Ouch	City/ State and Zip Code
E-mail address: (to be	used for future annual report notification)
Carlos f. Balz	at (904) 337 - 0134 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

nections in C		7 6
		1
as currently filed with the Florid	da Dept. of State) 4
099694		
		- F. S. S.
·		~11.
Statutes, this <i>Florida Profit Corpor</i>	ation adopts the f	ollowing;amendment
poration:		
		The new
poration," "company," or "incorpe or "Co". A professional corpor ation "P.A."	orated" or the abb ation name must	reviation "Corp.," contain the word
(ESS)		
	<u>-</u>	
1		
,	<u>.</u>	
		
d office address in Florida, enter	the name of the	
d office address in Florida, enter fice address:	the name of the	
	the name of the	
	the name of the	
	the name of the	
fice address:	the name of the	(Zip Code)
	nt Number of Corporation (if know statutes, this <i>Florida Profit Corpor</i> poration: poration: poration, ""company," or "incorpor "Co". A professional corpor ation "P.A."	nt Number of Corporation (if known) Statutes, this Florida Profit Corporation adopts the formation: poration: poration, ""company, "or "incorporated" or the abbor "Co". A professional corporation name must ation "P.A."

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

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	<u>Name</u>	Address
1) Change	<u>S1.</u>	Carlos R. Bacz Moraus	8930 Western way # =
Add			JULKSONVILLIFL 32256
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	eta, ij necessury).	(Be specific)			
				·-	
					<u> </u>
				-	
	-		-		•
				.	
				<u> </u>	
					
				 	
<u> </u>				-	
·		· · · · · · · · · · · · · · · · · · ·		 -	
					
an amendment pro	ovides for an exch	iange, reclassific	ation, or cancellati	on of issued shar	es .
an amendment pro	ovides for an excl	nange, reclassification	ation, or cancellati ntained in the ame	on of issued shar ndment itself:	<u>es,</u>
provisions for imple	ementing the ame	nange, reclassific indment if not co	ation, or cancellati ntained in the ame	on of issued shar ndment itself:	<u>es,</u>
an amendment pro provisions for imple (if not applicable	ementing the ame	nange, reclassific ndment if not co	ation, or cancellati ntained in the ame	on of issued shar ndment itself:	<u>es,</u>
rovisions for imple	ementing the ame	nange, reclassific ndment if not co	ation, or cancellati ntained in the ame	on of issued shar ndment itself:	<u>es,</u>
rovisions for imple	ementing the ame	nange, reclassific ndment if not co	ation, or cancellati ntained in the ame	on of issued shar ndment itself:	<u>es,</u>
rovisions for imple	ementing the ame	nange, reclassific indment if not co	ation, or cancellati ntained in the ame	on of issued shar ndment itself:	<u>es,</u>
rovisions for imple	ementing the ame	nange, reclassific ndment if not co	ation, or cancellati ntained in the ame	on of issued shar ndment itself:	<u>es,</u>
rovisions for imple	ementing the ame	nange, reclassific ndment if not co	ation, or cancellati ntained in the ame	on of issued shar ndment itself:	<u>es,</u>
rovisions for imple	ementing the ame	nange, reclassific ndment if not co	ation, or cancellati	on of issued shar ndment itself:	<u>es,</u>
rovisions for imple	ementing the ame	nange, reclassific endment if not co	ation, or cancellati	on of issued shar ndment itself:	<u>es,</u>
provisions for imple	ementing the ame	nange, reclassific endment if not co	ation, or cancellati	on of issued shar ndment itself:	<u>es,</u>
provisions for imple	ementing the ame	nange, reclassific endment if not co	ation, or cancellati	on of issued shar ndment itself:	<u>es,</u>
provisions for imple	ementing the ame	nange, reclassific endment if not co	ation, or cancellati	on of issued shar ndment itself:	<u>es,</u>
provisions for imple	ementing the ame	nange, reclassific	ation, or cancellati	on of issued shar ndment itself:	es,
provisions for imple	ementing the ame	nange, reclassific	ation, or cancellati	on of issued shar ndment itself:	<u>es,</u>

.

The date of each amendment(s) adoption:	, if other	· than
Effective date if applicable:		-
(no more than 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will not be list	ed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)		
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	n and shareholde	er
☐ 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):	nt.	
"The number of votes cast for the amendment(s) was were sufficient for approval	¥. 66	90,9
by		onoo álla 22
(voing group)	17.031.6	22 22
Dated	<u> </u>	
		AH 10: 54
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)	121	ቲ Ώ
(Typed or primed name of person signing)		-
President (Title of person signing)		-

the

the