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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: RAM QUALITY	GROUP, CORP.		
DOCUMENT NUM	D12000032004			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	ERICK MONSANTO			
	-	Name of Contact Person	1	
	JACOBO & ASSOCIATES,	INC.		
		Firm/ Company		
	6220 W 21ST CT	, .		
		Address		
	HIALEAH, FL 33016			
		City/ State and Zip Cod	e	
INF	O@JACOBOTAX.COM			
	_	sed for future annual report	notification)	
		-		
For further information	on concerning this matter, pleas	se call:		
ERICK MONSANT	o	at (556-0044	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□543.75 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)	
Mailing Address			Address	
Amendment Section		Amendment Section Division of Corporations		
Division of Corporations P.O. Box 6327		Clifton Building		
Tallahassee FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

RAM QUALITY GROUP, CORP.

(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P12000032904	,
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	es. this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporat	ion:
	The new
name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	poration," "company," or "incorporated" or the abbreviation "," or "Co". A professional corporation name must contain the iation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
	20
	TANK THE S
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	ω ; · ω
D. If amending the registered agent and/or registered offi	ice address in Florida, enter the name of the
new registered agent and/or the new registered office;	
Name of New Registered Agent	
(FI	orida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fo	uniliar with and accept the obligations of the position.
Signature o	f New 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, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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)	<u>Title</u>	<u>Name</u>	Address	
1) Change	VP	ARTILES, ERNESTO A	2828 SW 126th AVE	
Add			MIAMI, FL 33175	
X Remove				
2) Change	T	CABALLERO, LUIS A	11436 W OKEECHOBEE RD	
X Add			HIALEAH, FL 33018	
Remove				
Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add				
Remove				

Attach <i>additional</i> :	ding additional Artic heets. if necessary).	(Be specific)			
		•			
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				_	
				•	
				,	
					
<u>t an amendment</u> provisions for in	provides for an exchi plementing the amer	<u>ange, reclassific:</u> adment if not cor	<u>ttion, or cancellat</u> ntained in the am	<u>ion of issued snarc</u> endment itself:	<u>28,</u>
(if not applic	thle, indicate N/A)				

_				<u> </u>	
					
					
<u>.</u>					
					

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable: $\frac{08/29/2019}{(no more than 90 days after amendment file date)}$	
f (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 document's effective date on the Department of State's records.	date will not be listed as th
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 by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement :
"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.	older
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
08/29/2019 Dated	
Daicu	
Signature	
(By a director president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
ROBERTO ARTILES MOREJON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	