P1300005284

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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: El Samaritano (Corpocument number: P1306000 5284
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Leonardo Gonzalez Name of Contact Person EL Samaritano 1 Corp
EL Samaritano icorp
1460 SW 145 ave
1460 SW 145 ave Address Miami, FL 33184
City/ State and Zip Code
el rey delfinishe hotmail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vaneliet mujica at (305) 776 4409
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Street 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 OO 5284 SECRETARY OF STATE (Document Number of Corporation (it Rhit A) ASSEE, FLORIDA 1300 000 5284 Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: HI-Quality Group IIPC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

(Zip Code)

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	mith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		****		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		_		
Remove				
4) Change		_		
Add			·	
Remove				
5) Change				
Remove				
6) Change		_		
Add				
Remove				

Attach ado	ng or adding ditional sheet:	additional Ar s, if necessary).	ticles, enter c . (Be specif	change(s) here ic)	<u>e</u> :			
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provision	is for implem	ides for an exc nenting the am indicate N/A)	change, reclar	ssification, or ot contained	cancellation in the amend	of issued sha ment itself:	ıres,	
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date this document was signed.	ioption: If other than th
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) flicient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated	2-01-2016 W
selecte	irector president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Leonardo Gonzalez
	(Typed or printed name of person signing)
	President
	(Title of person signing)