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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: QLS TRANS PORTATION & TOURS CORP. DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KARINA M DEL RIC Firm/ Company 2114 N. FLAMINGO RD SUTTE PEMBROKE PINES, FWRIDA 33028
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KARINA DEL RIO Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **△\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section **Amendment Section Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

to
Articles of Incorporation of

FHED

QLS TRANSPOR	TATION \$ 70	URS CORP. FEB	-4 PH 2:58	
(Name of Corporation as cur	rently filed with the Flo	orida Dept. of State)	1.577.	
Р	1300001314	19. NO AL		Ļ
(Document Nu	mber of Corporation (if	known)	,	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation: A. If amending name, enter the new name of the section for the		Florida Profit Corporation ad	dopts the following	amendment(s) to
A. If amending harrie, enter the new harries	or the corporation.			
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional Association,	1 "Corp," "Inc," or "C	co". A professional corpora	orated" or the abi	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		N/A		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		SAME.		
D. If amending the registered agent and/or new registered agent and/or the new reg		ess in Florida, enter the nam	ne of the	
Name of New Registered Agent	NA		-	
	(Florida stre	et address)		
New Registered Office Address.	N/A (City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ting Registered Agent: agent. I am familiar w NA .			
Signati	ure of New Registered A.	ment if channing		

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	VP OLGA L DEL RIO	1313 SEAGRAPE CIRCLE
Add		WESTON, FLORIDA 33326
Remove		
2) Change	P KARINA DEL RIO	2349 NW 139 AVE
Add		SUNRISE, FLA 33323
Remove		
3) Change	CEO GUILLERMO DEL RIO	1313 SEAGRAPE CIRCLE
Add		WESTON, FLORIDA, 33326
Remove		
4) Change	U/A	
Add		
Remove		
5) Change	\mathcal{N}/\mathcal{A}	
Add		
Remove		
6) Change	N/A.	
Add		
Remove		

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A) N/A.	٩tt	tach additional sheets, if necessary). (Be specific)
(it not continoble, indicate \$1/\$)		NIA
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(it not continoble, indicate \$1/\$)	<u>fa</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
X/A.	N!	(it not continoble indicate N/A)
		X//A
	-	N/A

The date of each amendment(s) adoption: 01-20-2015.	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : 01-30-2015. (no more than 90 days after amendment file date)	
(no more than 50 days after amendment me date)	
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)	
(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_01-30-2015	
Dated 01-30-2015 Signature Karing al Riv	
(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)	
KARINA M DEL RIO	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	