P13000058701

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AIRFLOW QUAI	LITY EXPERTS, INC	
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	ARIADNA M OJEDA		
•		Name of Contact Person	1
	AYUDA CENTER		
•		Firm/ Company	
	8100 WEST FLAGLER ST.	STE 200	
•		Address	
	MIAMI, FL. 33144		
•		City/ State and Zip Code	2
ariadr	naojeda@portal2usa.com		
·	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ARIADNA M OJEDA		at (305	971-5232
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	ertment of State:
\$35 Filing Fee	□\$43.75 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)
Ame Divi P.O.	Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		ment Section on of Corporations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AIRFLOW QUALITY EXPERTS INC

AIRFLOW QUALITY EXPERTS INC				
(Name o	f Corporation as current	ly filed with the Florida De	pt. of State)	
P13000058701				
	(Document Number o	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the followin	g amendment(s) t
A. If amending name, enter the new na	me of the corporation:			
N/A				The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or	"Co". A professional corpo		bbreviation
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S	IREE I ADDRESS)			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		N/A		ANVISION OF
D. If amending the registered agent an new registered agent and/or the new			ame of the	ARY OF ST
Name of New Registered Agent	N/A			
	(Florida st	reet address)		- ພ ⁻
New Registered Office Address:	N/A		, Florida	
		(City)	(Zip	Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar		· · · · · · · · · · · · · · · · · · ·	_

Page 1 of 4

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.

<u>PT</u>	John Doe	
<u>v</u>	Mike Jones	
<u>sv</u>	Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
D	BRYAN TORRES MUÑOZ	8215 LAKE DRAPT B 305
		DORAL, FL, 33166-7815
	<u>V</u> <u>SV</u> <u>Title</u>	VMike JonesSVSally SmithTitleName

E. <u>If ai</u>	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
(Aua	ca duditional sneets, if necessary). (Be specific)
	<u> </u>
lf a	a amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:, if other than the date this document was signed.
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 will not be listed as the document's effective date on the Department of State's records.
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)
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.
09/09/2015 Dated
Signatura
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)
JESUAN R RUIZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

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