# P13000076502

(Requestor's Name)	
(Address)	
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, ,	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Dusiliess Littly Name)	
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## **COVER LETTER**

TO: Amendment Sec Division of Corp					
NAME OF CORPO	RATION: QLC SERV	/ICE CORP	_		
	BER: P1300007650				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	DARIO ALVARE	Z			
	ANDINO CONSU	Name of Contact Person			
	Firm/ Company 8421 S ORANGE BLOSSOM TR STE 106				
	ORLANDO FL 32	Address 2809-8242			
		City/ State and Zip Cod	е		
INI	O@ANDINOCG.				
	E-mail address: (to be used for future annual report notification)				
For further information	n concerning this matter, pleas	se call:			
DARIO ALVAREZ		at ( 407	376-2911 de & Daytime Telephone Number		
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	□\$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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Division	Address Iment Section on of Corporations Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

#### Articles of Amendment to Articles of Incorporation of

### OLC SERVICE CORP

(Name of Corporation as	currently filed with the	Florida Dept. of S	tate)	-
P13000076502				
(Documen	t Number of Corporation	(if known)		-
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, th	is <i>Florida Profit Co</i>	prporation adopts the followin	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ation "Corp," "Inc," or	"Co". A profession	or "incorporated" or the aconal corporation name must	bbreviation
B. Enter new principal office address, if applicable:		N/A		
(Principal office address MUST BE A ST		N/A		-
		N/A		-
C. Enter new mailing address, if applie		N/A		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		N/A		- :.'
		N/A		# 388 288 288
D. If amending the registered agent and new registered agent and/or the new	l/or registered office ac	ldress in Florida, er	nter the name of the	APR 2
Name of New Registered Agent	N/A	<u></u>		2 2 3 3 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	N/A			PHII: 47
	(Florida	street address)	<del>.</del>	5
New Registered Office Address:	N/A		, Florida N/A	_
	(Ci	ty)	(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		r with and accept th		

# 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)	<u>Title</u>	Name	Address
1) Change	VP	Ernandes V Oliveira Costa	6113 RALEIGH ST
Add			APT 407
Remove			ORLANDO, FL 32835
2) Change	VP	JORGE W CARDENAS	5431 GATLIN AVE APT C
Add			ORLANDO, FL 32812
Remove			N/A
3) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
4) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
5) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
6) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If 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
N/A
N/A
N/A
N/A
N/A
N/A
N/A

The date of each amendment(s) a	doption: 04/17/2014	, if other than the
date this document was signed.		
Effective date if applicable: 04/	17/2014	
	(no more than 90 days after amendment file date)	<del></del>
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 cast for the amendment(s) ifficient 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 cast	for the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 04/17/20	ILA LEITE-COSTA	
(By a d 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)	_
	QUEILA LEITE-COSTA	
	(Typed or printed name of person signing)	<del></del>
	PRES	
	(Title of person signing)	<del></del>