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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations BUSINESS QUALITY CORP. NAME OF CORPORATION: ____ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Geevanny SEPULYERA Name of Contact Person Firm/ Company 1417 N. SEMORAN BLVB Suite 102

Address

ORLANDO, FLORIDA 32807

City/ State and Zip Code GEOVANNY 4 Choi Mail, COH
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Geovanny SEPULVEDA at 407, 437-0245

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 □\$43.75 Filing Fee & □\$52.50 Filing Fee □S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) 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

IN DET - A PH 4: 40

Articles of Amendment to Articles of Incorporation of

BusiNESS 0	QUALITY CORP.		
(Name of Corporation as current)	y filed with the Florida Dept. of State)		
P140000	76991		
	f Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	g amendment(s	s) to
A. If amending name, enter the new name of the corporation:			
		The new	
name must be distinguishable and contain the word "corporatio, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must c	_ bbreviation	
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable:		ス 第 ::	J
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		- 9 5	
		<u> 그</u> 등	: -: 5-}:
		9	- 27
			
D. If amending the registered agent and/or registered office add		44 4: 40	300
new registered agent and/or the new registered office address	<u></u>	- -	
Name of New Registered Agent) ت ج	
		_	
(Florida st	rvet aftress		
New Registered Office Address:	, Florida		
/	(City) (Zip)	Code)	
Nam Designated Agent's Signature (Fabouging Pagistared Agent			
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	\pm with and accept the obligations of the position.		
e: (N	David and Least if showing	-	
Signature of New I	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, 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.

Evample: <u>X</u> Change	PT John I	<u>)0e</u>			
X Remove	<u>V</u> <u>Mike J</u>	lones			
X Add	<u>SV</u> <u>Sally S</u>	<u>Smith</u>			
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s	
1) Change	Di <u>Rect</u> or	VICENTE	ECHEVERE	1 1925 TEABLERAY CO	VA
X_ Add				n 1925 TEABLERAY CO ORLANDO, FLORIDA 328.	24
Remove					•
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, proxisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/4)	f amending or adding additional A Attach additional sheets, if necessary). (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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)		
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	(i) his approxime, making thirty	,
		

The date of each amendment(s) adoption:	09/20/2019	, if other than the
date this document was signed.		
Effective date if applicable:	09/20/2019 too more than 90 days after amendment t	
	tno more than 90 days after amendment f	île date)
Note: If the date inserted in this block does n document's effective date on the Department of	ot meet the applicable statutory filing requ State's records.	tirements, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting groups. The group entitled to vote separately on the an	following statement wendment(s):
	ndment(s) was/were sufficient for approval	
by	ting group)	
(voi	ting group)	
The amendment(s) was/were adopted by the action was not required. The amendment(s) was/were adopted by the		
action was not required.		
Dated	te Efforish	
(By a director, pres	ident or other officer - if directors or office	ers have not been
	orporator – if in the hands of a receiver, trus	stee, or other court
appointed fiduciary	y by that fiduciary)	
Vice	NE Echeve V Ca. (Typed or printed name of person signing)	
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	Vixecton.	
	(Title of person signing)	