## P15000000142

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: GROUP PCM CO	RPORATION		
DOCUMENT NUM	BER: P15000000142			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	DR LUIS JOSE BOADA			
	QUIK GROUP CORPORAT	Name of Contact Person TON	1	
	Firm/ Company			
	3213 EMILIO PL.	Thur Sampany		
		Address		
	KISSIMMEE, FL. 34758			
		City/ State and Zip Code	e	
	QUIKGROUOP1002@GMA	AL.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
		11.		
For further informati	on concerning this matter, pleas	se call:		
DR LUIS JOSE BOADA		at ( <u>786</u>	285-4115	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ar Di P.0	neiding Address nendment Section vision of Corporations D. Box 6327 Hahassee, Fl. 32314	Amend Divisio The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

## Articles of Amendment Articles of Incorporation $\mathbf{of}$

GROUP	PCM	CORPORATION
		(

( <u>Name o</u>	f Corporation as currently	<u>filed with the Florida De</u>	pt. of State)
P15000000			<u> </u>
	(Document Number of	Corporation (if known)	; r.
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Iorida Profit Corporation	adopts the following amendme
A. If amending name, enter the new na	ime of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co". A	ompany," or "incorporated professional corporation	(" or the abbreviation "Corp.," name_must_contain_the_word
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
<u></u>	,		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
(Matting dataress <u>MAT BE A POST</u> )	JEFICE BUX)		
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the n	ame of the
new registered agent and/or the nev			
Name of New Registered Agent	DR LUIS JOSE BOADA		
	3213 EMILIO PL		
	tFlorida stre	vet address)	
New Registered Office Address:	KISSIMMEE		, Florida 34758
nen exganeren sapre maress.		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	<del>nanging Registered Agent:</del> ered agent. I am familiar w	ith and accept the obligation	ons of the position.
		////	
	Signature of New Re	rgistered Agent, if changing	
	Signature of new to	From the other me is a construct	,

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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 Doc 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 Doc, 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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CASTILLO JESUS	860 OTWAY ROAD APT 3C
X Add			MARYSVILLE., OH. 43040
Remove	VP	DADDA DE CACTUA CAMBIAM	2246 SW 80 TERRA
2) Change	V1'	PARRA DE CASTILLO MIRIAM	
Add			MIRAMAR, FL. 33025
X Remove			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach <i>additional sl</i>	ling additional Articles, enter change(s) here: seets, if necessary). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
· · · · ·	
<u> </u>	
<u>If an amendment p</u>	royides for an exchange, reclassification, or cancellation of issued shares,
provisions for imp	plementing the amendment if not contained in the amendment itself:
(if not applica	ble, indicate N/A)
-	
	···

	SEPTEMBER 01, 2022	
	option:	, if other than th
date this document was signed.		
Effective date if applicable:	/2022	
Effective date it applicative.	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this blocoument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the artment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adoption was not required.	nted by the incorporators, or board of directors without shareholder	r action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendr ficient for approval.	nent(s)
	oved by the shareholders through voting groups. The following standard voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	2022
by		: · › › › ›
	(voting group)	- TC
09/01/2022 Dated		-6 PH 3:
selected	ector, president or other officer – it/directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other diductary by that fiductary)	been $\sim$
	DR LUIS JOSE BOADA	
-	(Typed or printed name of person signing)	
	REGISTERED AGENT	

(Title of person signing)