## P15000005531

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SLORGIARY OF STATE FALLAHASSEE, FLORIDA

APR 17 2015

T. LEMIEUX

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORROR	SFC QUA	LITY INSPEC	CTIONS INC	
	P15000005			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this mat	tter to the following:		
,	ARIADNA M. C	DJEDA		
	AYUDA CENT		)	
8	3100 WEST FL	Firm/ Company LAGLER ST		
1	Miami, FL. 331	Address 44		
aria	dnaojeda@po E-mail address: (to be us	City/ State and Zip Code  rtal2usa.com  led for future annual report		
For further information	concerning this matter, pleas	se call:		
Ariadna Ojeda		<sub>at (</sub> 305	971-5232	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation

## SFC QUALITY INSPECTIONS INC

	currently filed with the Flo	rida Dept. of State)	-
P15000005582			-
(Documer	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	<i>Rorida Profit Corporation</i> adopts the following	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 con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the a o". A professional corporation name must .A."	bbreviation contain the
B. Enter new principal office address, (Principal office address MUST BE A S	<u>if applicable:</u> TREET ADDRESS )	N/A	-
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST)		N/A	- - -
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the name of the	15 APR
Name of New Registered Agent	CARLOS F PERE	Z BETANCOURT	16 E
	10215 SW 24th S	TAPT A204	2 3 ED
New Registered Office Address:	Miami (City)	et address) Florida 33165	િ <b>ાં</b> ક
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of the position.	

Signature of New 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.

Example: 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)	Title	Name	<u>Addres</u> s
1) Change	Р	FAVIOLA A CARIS	10215 SW 24th ST
Add			APT A204
Remove			Miami, FL.33165
2) Change	Р	Carlos F Perez Betancourt	10215 SW 24th ST
Add			APT A204
Remove			Miami, FL. 33165
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional sheets, i</i>	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
					····
				<u> </u>	
			<u>_</u>		
If an amendment provide provisions for implemen	iting the amen	inge, reclassifi	cation, or cance	ellation of issued : amendment itself	shares, <u>:</u>
(if not applicable, inc	dicate N/A)				
	<u>.</u>				
<del></del>					
				<del>-</del>	<u> </u>

The date of each amendment(s) adoption: 04/13/2015	, if other than the
date this document was signed.	
Effective date if applicable: 04/13/2015	
(no more than 90 days after amendment file 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)	
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 04/13/2015	
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)	
CARLOS F PEREZ BETANCOURT	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	<del></del>