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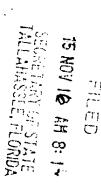
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: QUALITY CUISULTING USA MC DOCUMENT NUMBER: P150000 79015
DOCUMENT NUMBER: P150000 79015
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person QUALITY CMSULTING USA DIC Firm/ Company 1393 Forked Creek Dr. Address Englewood, FL 34223 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VANIRA TORRELIAS CRUZ at (787) 988-8418 Name of Contact Person Area Code & Daytime Telephone Number
/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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

	VALITY CM. Corporation as current	sulring C	ISA Inc	,	
(Name of C	orporation as current	ly filed with the Flo	orida Dept. of St	ate)	
	PIS 000	079015			
	(Document Number of				
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this	Florida Profit Corp	poration adopts t	he following amendn	nent(s) to
A. If amending name, enter the new name	of the corporation:	1/0		m)	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	n "Corp," "Inc," or "	n," "company," o. Co". A profession	r "incorporated"	The ne or the abbreviation ame must contain the	on
B. Enter new principal office address, if a (Principal office address MUST BE A STRE			\		
			\		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)			MA		
· · · · · · · · · · · · · · · · · · ·			\		
D. If amending the registered agent and/or new registered agent and/or the new re	gistered office address	:		_	
Name of New Registered Agent	YANIRA	TORREllA Forked	ts CRUZ	<u>-</u>	
_					
New Registered Office Address:	Engle	wood	Flori	da_34223	
Her Registered Office Made 53.		(City)	,1 10110	(Zip Code)	
New Register ed Agent's Signature, if change in the Interest of the Interest of the Appointment as registered in the Interest of the Interest	lagent. I am familiar v Aunc		Cuz	S NOV 16	יי ה כ כ

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 <math>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)	<u>Title</u>	<u>Name</u>	Address
1) V Change	<u></u>	TORREllAS CRUZ YANIRA	1393 Forked Creek DR Englewood, Fl 34223
Add		,	Englewood, FC 34223
Remove			<u> </u>
2) Change	<u> </u>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	e(s) here:		
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an amendment provides for an exch	ange, reclassifica	tion, or cancellation	of issued shares,	
provisions for implementing the amer	ange, reclassifica idment if not con	tion, or cancellation tained in the amend	of issued shares, ment itself:	
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The date of each amendment(s) adoption:date this document was signed.	Cetober	31,	2015	, if other than the
Effective date if applicable:	October	3/,	2015	
	more than 90 days after a			
Note: If the date inserted in this block does not me document's effective date on the Department of State'	et the applicable statutor, s records.	y filing r	equirements, this da	ate will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)			
☐ The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv	olders. The number of voal.	otes cast	for the amendment((s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group	cholders through voting ground to entitled to vote separate.	roups. T ly on the	he following statem amendment(s):	ent
"The number of votes cast for the amendment	t(s) was/were sufficient fo	r approv	al	
by(voting gr			,,, 	
(voting gr	oup)			
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without share	holder a	ction and sharehold	er
The amendment(s) was/were adopted by the incorp action was not required.				
DatedSignature	31, 2015			
Signature	Gava Tin	ull1	Cry	
(By a director, president of selected, by an incorporate appointed fiduciary by the	r other officer - if director or - if in the hands of a re	ors or off	icers have not been	
	Or printed name of perso	— ORRE	llas Cruz	2
(Typed				***************************************
	Presi	iden	T	
	(Title of person sign	ing)	 	· · · · · · · · · · · · · · · · · · ·