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(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
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Special Instructions to	Filing Officer:	
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SECRETANY OF STATE
ALLAHASSEE, FLORIDA

# COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ORCHIDS SPA	INC			
DOCUMENT NUM	P17000004088	_			
The enclosed Articles	of Amendment and fee are se	ubmitted for fil	ing.		
Please return all corre	spondence concerning this ma	atter to the follo	owing:		
	ANGELINA C. LI				
	Name of Contact Person				
	JAL ACCOUNTING P.A.				
		Firm/	Company		
	3363 SHERIDAN STREE	T STE 214			
		Ad	dress		
	HOLLYWOOD, FL 33021				
	-	City/ State	and Zip Cod	e	
ANG	EL@JALACCT.COM				
-	E-mail address: (to be u	sed for future a	nnual report	notification)	
For further informatio	n concerning this matter, pleas		646	301-4976	
Name	of Contact Person	at (		)de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the		•	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Fit Certified ( (Additional enclosed)	Copy I copy is	□\$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			Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: _A & C QUALITY	SOLUTIONS CORP		
DOCUMENT NUM	D14000082770			
The enclosed Article	es of Amendment and fee are su	abmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	PARRENO CARLO	S		
		Name of Contact Person	n	
		Firm/ Company		
	17331 NW 45TH CT			
		Address		
	MIAMI, FLORIDA 33055			
		City/ State and Zip Cod	e	
	CARLOS - PARREN E-mail address: (to be us	0 95 @ 9mal sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Canlos	Panneno	at (_ <i>3305</i> 5	305 - 903 - 1/6/ de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & 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)	
	ailing Address		Address Iment Section	
153		Amendment Section		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

A & C QUALITY SOLUTIONS CORP

Name of Corporation as currently	filed with the Florida Dept. of State)
P16000083779	med with the Fiorida Dept. of State)
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
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: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	address S
New Registered Office Address:	. Florida
	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	istered 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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	v	Daylen Puento	5365 W 15th CT Hialeah F/301
X Add			
Remove			
2) Change		<del></del>	<del></del>
Add			<del></del>
Remove			· <del></del>
3.) Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
51 Change			<del>_</del>
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

	iding or adding a additional sheets,			·		
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f an an	nendment provid	es for an exchan	ge, reclassifica	tion, or cancella	tion of issued sha	res,
<u>provis</u>	ions for implemer not applicable, inc	nting the amendr	ment if not con	tained in the an	nendment itself:	
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The date of each amendment(s)	adoption: 06/05/	2018	, if other than the
date this document was signed			<del>.</del>
Effective date if applicable:	17/01/2018	•	
<u></u> -	(no more	than 90 days after amendment file o	late)
	block does not meet the	applicable statutory filing requirer	nents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u>	<u>2</u> )	
☐ The amendment(s) was/were a by the shareholders was/were		rs. The number of votes cast for the	amendment(s)
		ers through voting groups. The folloutled to vote separately on the amend	
"The number of votes ca	st for the amendment(s) w	vas/were sufficient for approval	
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were a action was not required.	dopted by the board of dir	rectors without shareholder action a	nd shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporator	ors without shareholder action and sh	areholder
Dated	07/01/2018		
Signature	200	er officer – if directors or officers h	ave not been
selec	ted, by an incorporator – i	if in the hands of a receiver, trustee.	
арро	inted fiduciary by that fidu	uciary)	
	Canlos	Panneno printed name of person signing)	
	Pa	esident	
		(Title of person signing)	