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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations QBM CONTRACTORS INC NAME OF CORPORATION: _ P16000086699 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAFAELA MARTINS Name of Contact Person ACCOUNT BOOKKEEPING CORP Firm/Company 5301 CONROY RD STE140 Address ORLANDO FL 32811 City/ State and Zip Code INFO@ABKCORP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAFAELA MARTINS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy 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

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Articles of Amendment to Articles of Incorporation of

QBM CONTRACTORS INC

(Name of Corpor	ation as currently filed with the Flo	rida Dept. of State)
	P16000086699	
(Doc	cument Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corp</i>	poration adopts the following amendment(
A. If amending name, enter the new name of the	corporation:	
<u></u> ·		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A professione	"incorporated" or the abbreviation al corporation name must contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	B <i>OX</i>)	
		·
,		
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Florida, ente ed office address;	r the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
HEW RESENTED THE AUTUES.	(City)	(Zip Code)
New Registered Agent's Signature, if changing R	egistered Agent:	
I hereby accept the appointment as registered agent	. I am familiar with and accept the o	bligations of the position.
Sig	gnature of New Kegistered Agent, if cl	hanging
		2018 DEC SECRETA
	Page 1 of 4	SSEE, FL

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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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	DA COSTA, ICARO M	4712 WALDEN CIRCLE Apt172
X Add			ORLANDO, FL 32811
Remove			
2) Change			
Add			
Remove			
3) Change			
Add		•	
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change		<u> </u>	
Add			
Remove			

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(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
- 11	
	· · · · · · · · · · · · · · · · · · ·
·	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	·

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment j	ile date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"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 was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action an action was not required.	d shareholder
DECEMBER 12, 2016 Dated	
Signature	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	
JULIO CESAR CASTILLO REYES	
(Typed or printed name of person signing)	
P	
(Title of person signing)	

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