

PI7 0000 26339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

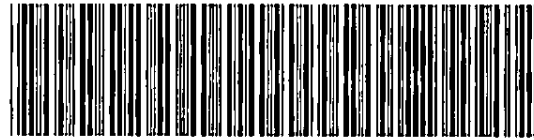
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900336465809

11/06/19--01022--012 **43.75

RECEIVED
TALLAHASSEE, FLORIDA

19 NOV -6 AM 8:51

FILED

DEC 06 2019

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OTC & Quality Distribution, CORP

DOCUMENT NUMBER: P17000026339

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Jovita Suarez

Name of Contact Person

OTC & Quality Distribution, CORP

Firm/ Company

1440 GEMINI BLVD. SUITE 4B.

Address

ORLANDO, FLORIDA 32837

City/ State and Zip Code

Distribucion@otcqualitydistribution.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLORIA CHOQUETTE

at (407) 8121218

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

☒ \$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
of

OTC & Quality Distribution, CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000026339

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1440 GEMINI BLVD.

SUITE 4B

ORLANDO, FLORIDA 32837

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED
19 NOV -6 AM 8:51
TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary)

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.

<u>X</u> Change	<u>PT</u>	<u>John Doc</u>
-----------------	-----------	-----------------

X Remove **V** **Mike Jones**

<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>
--------------	-----------	--------------------

Title

Name _____

Address

1) Change

D

Daniela Gomez

735 Flower Fields Lane

X Add

Orlando, Florida 32824

☐ Remove

2) ^x Change

S

Gloria Choquette

3616 Julius Estates Blvd.

 Add

Winter, Haven, Florida 33881

 Remove

3) Change

P

Gilberto Gomez

735 Flower Fields Lane

 Add

Orlando, Florida 32837

x
Remove

4) x Change

P

Maria Jovita Suarez

735 Flower Fields Lane

 Add

Orlando, Florida 32837

 Remove

5) Change

Add

Remove

6) Change

 Add

Remove

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

10/30/2019

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 10/30/2019

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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):

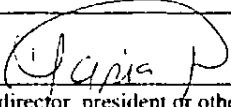
"The number of votes cast for the amendment(s) was/were sufficient for approval

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.

10/30/2019
Dated _____

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)

Maria Jovita Suarez

(Typed or printed name of person signing)

VP

(Title of person signing)