P17000045272

(Requestor's Name)		
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(City	//State/Zip/Phone #	(f)
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COVER LETTER

QUALITY TRANS CARGO INC

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	QUALITY TRANS CARGO INC
DOCUMENT NUMBER:	P17000045272
The enclosed Articles of Amendment an	d fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
	AL AN MARTINET
	ALAN MARTINEZ
	Name of Contact Person
	SIMPLEX GROUP
	Firm/ Company
	5800 NW 74TH AVE
	Address
	MIAMI, FL 33166
	City/ State and Zip Code
	amartinez@simplexgroup.net
E-mail addre	ss: (to be used for future annual report notification)
For further information concerning this r	natter, please call:
ALAN MARTINEZ / SIMPLEX G	ROUP at (305) 599-8287
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following am	ount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate	
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Clifton Building



Articles of Amendment Articles of Incorporation of

	QUALITY TRANS CA	RGO INC	~
(Name of Corp	oration as currently f	iled with the Florida Dept. of State)	`
	P17000045272		
(C	Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, this Flo	orida Profit Corporation adopts the follow	ing amendme
A. If amending name, enter the new name of t	the corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	Corp," "Inc," or "Co	". A professional corporation name mus	abbreviation it contain the
B. Enter new principal office address, if appli	cable:	6411 COW PEN RD APT N 108	
(Principal office address <u>MUST BE A STREET</u>	ADDRESS)	MIAMI LAKES, FL 33014	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)	6411 COW PEN RD APT N 108	
		MIAMI LAKES, FL 33014	
D. If amending the registered agent and/or re	gistarad office oddres	s in Florida, enter the name of the	
new registered agent and/or the new regist		s in rigirous, enter the name of the	
Name of New Registered Agent			
	6411 COV	V PEN RD APT N 108	_
	. (Florida street		_
New Registered Office Address:	MIAMI LAI	CES , Florida 3:	3014
Hew Registered Office Address.		ity) (Zi	p Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	g Registered Agent: ent. I am familiar wit	h and accept the obligations of the position	2.
	Edin	pia	
· · · ·		intered 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	LEYTON, EDWIN H	6411 COW PEN RD APT N 108
Add			MIAMI LAKES, FL 33014
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
,	
	
	
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F. 16 au amandurant musaidas fau au anab	anno valorification or acrosllation of invade about
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, under the indicate of the indicate
(if not applicable, indicate N/A)	
 	

The date of each amendment(s) adoption:	5/24/17	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendn	ent file date)
Note: If the date inserted in this block does a document's effective date on the Department of		requirements, this date will not be listed as the
Adoption of Amendment(s) (CI	IECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		st for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
	ndment(s) was/were sufficient for appro	oval
by		,,,
· (vo	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder	action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action	on and shareholder
Dated5/24/17	· ····	
Signature Edi	~ Lora	
(By a director, pre selected, by an inc	sident or other officer – if directors or or opporator – if in the hands of a receiver by by that fiduciary)	
	EDWIN H LEYTON	
	(Typed or printed name of person sign	ng)
	PRESIDENT	_
	(Title of person signing)	