Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000341768 3)))



H240003417683ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : TAX CONTROLLER INC

Account Number : I20210000142 Phone : (954)301-1848 Fax Number : (954)532-9458

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

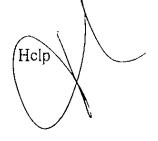
r	Address:			
EMALL	Address:			

## COR AMND/RESTATE/CORRECT OR O/D RESIGN QUALITY PRO CONSTRUCTION INC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	S35.00

Electronic Filing Menu

Corporate Filing Menu



TO: Amendment Section

(((424000341768 3)))

## **COVER LETTER**

Division of Cor	porations					
NAME OF CORPO	PRATION: QUALITY PRO C	ONSTRUCTION INC				
DOCUMENT NUM	IBER: P17000066780					
The enclosed Article	s of Amendment and fee are su	omitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	SUELY MOREIRA VITORI	NO				
		Name of Contact Person	1	_		
	QUALITY PRO CONSTRU	CTION INC				
		Firm/ Company				
	9664 NW 7th Circle #1213					
		Address				
	Plantation, FL 33324					
		City/ State and Zip Code	С	r	~	
	qualityproconstruction@yahe	oo.com		<u></u> ایکانیز	2024 OCT 11	
	E-mail address: (to be us	sed for future annual report	notification)	-	음	
						1735
For further informati	on concerning this matter, pleas	se call:		Soc		[]
SUELY MOREIRA	VITORINO	954 ย(	803-6662 ) de & Daytime Telephone Nun	isia m.,	AH 9:	C
Namo	of Contact Person	Area Co	de & Daytime Telephone Nun	iber	38	
Enclosed is a check t	for the following amount made				•	
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Cortificate of Status Certified Copy (Additional Copy is enclosed)			
Ar Di P.0	nendment Section vision of Corporations D. Box 6327 Ilahassee, Ft 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassec N. Monroe Street, Suite 810	,		

Tallahassee, FL 32303

to

(1(H240003417683)))

## Articles of Amendment to Articles of Incorporation of

of		
QUALITY PRO CONSTRUCTION INC		
(Name of Corporation as currently filed with	the Florida Dept. of State)	
P1700066780		
(Document Number of Corporation	סת (if known)	<del></del> :
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pro</i> its Articles of Incorporation:	ofit Corporation adopts the following	g amendment(s)
A. If amending name, enter the new name of the corporation:		
QUALITY PRO JANITORIAL & MAINTENANCE SERVICES INC		TI
name must be distinguishable and contain the word "corporation," "company," of "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profession "chartered," "professional association," or the abbreviation "P.A."	or "incorporated" or the abbreviational corporation name must contain	_The new n "Corp.," i the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
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 Flori		2d24 0CT
new registered agent and/or the new registered office address:	da, enter the name of the	A I
Name of New Registered Agent	<u> </u>	) 9: 38
(Florida street address)	<u> </u>	
	<b>F</b> 1 / (	
New Registered Office Address: (City)	, Florida	ide)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and acce	ept the obligations of the position.	
Signature of New Registered Ag	ent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

(1(424000341768 3)))

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>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check Onc)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Romove 3) Change			202
Add			2024 OCT
Remove			
4) Change			တိုင်း 😝 🚺
Add			<u></u>
Remove			
δ) Change			
Add			
Remove			<del></del> ,
5) Change		<del>-</del>	
Add			
Remove			

LER INC @ (((4,140003417683)))

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
		<del></del>
	<del></del>	
	<del> </del>	
	<del></del>	
	} 	021
		2024 DCT   1 1
	<u> </u>	=
	(/) (	
	<u>្នា</u> វ	· III
f an amendment provides for an exchange, reclassification, or cancellation of		
<u>provisions for implementing the amendment if not contained in the amendm</u>	ent itself:	38
(if not applicable, indicate N/A)		
	<u> </u>	
	<del></del>	

10(11/2024 12:27PM FAX 9545328458 TAX CONTROLLER INC (((H94000341768 3)))

The date of each amendment(s) ad	option:	, if other than the	
date this document was signed.			
Effective date <u>if applicable</u> :			
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as the	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adoption was not required.	pted by the incorporators, or board of directors without shareholder action an	od shareholder	
The amendment(s) was/were adop by the shareholders was/were sui	pted by the shareholders. The number of votes east for the unendment(s) ficient for approval.		
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):		
"The number of votes case (	or the amendment(s) was were sufficient for approval		
by			
	(voting group)	C 202	
OCTOBER	16.2024	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
OCTOBER Dated	10, 2024	77.1.1.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	~;
Signature X	5	7. Y. S.	1
	ector, president or other officer - if directors or officers have not been	50E	
selected	, by an incorporator - if in the hands of a receiver, trustee, or other court		(Actor
appointe	d fiduciary by that fiduciary)	9	(jan-
:	SUELY MOREIRA VITORINO	~ 3 9	
-	(Typed or printed name of person signing)		
•	VP		
	(Title of person signing)		