P180000 15986

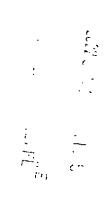
(Requestor's Name)					
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A. BUTLER FEB - 8 2022

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: F9/con Best Quality Services, Indocument number: P18000015986	△ (
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ale Jandro J. Falcon Name of Contact Person	
Firm/Company 14750 NW 77th CT #206 Address	
Miami Lalces #L 33016 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ale Jandro J. Falcon at (305) 726-1323 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 \$\bigcup \\$43.75 Filing Fee \& Certificate of Status \$\bigcup \\$Additional copy is enclosed)\$\$ \$\bigcup \\$43.75 Filing Fee \& Certified Copy & C	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

~ f

of	
Falcon Best Quality	Services True
(Name of Corporation as currently	filed with the Florida Dept. of State)
P180000 15986	——— V .
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this FI	
its Articles of Incorporation:	ortida Froja 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," "con	mnumy " or "incorporated" or the abbreviation "Come"
"Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A particle of the control of the c	professional corporation name must contain the word
B. Enter new principal office address, if applicable:	_/4750 NW 775 LT
(Principal office address MUST BE A STREET ADDRESS)	Miumi LAlces, FL #20
	33016
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	76375 Sul 11114 OI
(Maining data ess MAT BE A FOST OFFICE BOX)	20375 SW 1144 PL Miami + 1 33189
-	MIGM, FL 33189
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	
20375 SW	114th PL
(Florida street	
New Registered Office Address: Mywi	
(Ci	ty) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with	n and accept the obligations of the position.
<u>-</u>	
Signature of New Regi	stered Agent, if changing

Check if applicable

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

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)

Example:

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.

X Change	<u>PT</u>	<u>John Do</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		·		
Add				
Remove				
6) Change	-	_		
Add				
Remove				

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rttaen aaamonar sn	ceis, if necessury).	(be specific)			
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<u>f an amendment pr</u>	ovides for an exchai	nge, reclassifica	tion, or cancella	tion of issued shar	es,
<u>provisions for impl</u>	ementing the amend	lment if not con	tained in the am	endment itself:	
(у пог аррисаы	le, indicate N/A)				
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	ch amendment(s) adoption: _ nent was signed.		6/22	, if other than the
Effective date	if applicable:			
		(no more than 90	days after amendment file o	late)
	ate inserted in this block does ective date on the Department of		able statutory filing requires	nents, this date will not be listed as the
Adoption of A	mendment(s) (C	HECK ONE)		
	nent(s) was/were adopted by the not required.	e incorporators, or b	oard of directors without sha	areholder action and shareholder
	nent(s) was/were adopted by the eholders was/were sufficient for		number of votes cast for the	e amendment(s)
	nent(s) was/were approved by the parately provided for each voting			
"The	number of votes east for the ame	endment(s) was/wer	e sufficient for approval	
by	(ve	oting group)	."	
	Dated 16	122		
	selected, by an inc		er – if directors or officers he hands of a receiver, trustee,	
	ALE	JAULEO 1	ALCON ame of person signing)	
	· Jan	to		
		(Title of person sign	ning)	