

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:]

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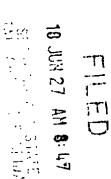


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08/27/18--01009--004 **35.00

And

R. WHITE JUN 28 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	H & G SMART S	YSTEM QUALITY, CORI	p
DOCUMENT NUME	P18000032394		
The enclosed Articles	of Amendment and fee are su	bmitted for filling.	
Please return all corres	pondence concerning this ma	tter to the following:	
	HECTOR PEREZ		
		Name of Contact Person	1
		Firm/ Company	
	3431 SW 35TH STREET		
		Address	
	MIAMI, FL 33135		
		City/ State and Zip Cod	e
	r concerning this matter, pleas		700 0075
HECTOR PEREZ		at (760-8675)
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Amend Divisio Clifton 2661 I	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 18 JUH 27 AM 8: 47

H & G SMART SYSTEM QUALITY, CORP

	\$1
(<u>Name of Corp</u> orati	ion as currently filed with the Florida Dept. of State)
P18000032394	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>) </u>
. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Office Address:	(Florida street address), Florid. (City)
egistered Agent's Signature, if changing Reg	zistered Agent: I am familiar with and accept the obligations of the position.
подражения принципания подкления адент.	ranganina nin ana accept incornigations of the position.
Sian	nature of Nove Rouistored Agont 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: \underline{X} Change	<u>b.t.</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	<u>Şally Sn</u>	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP		GILEUDYS MENESES DE LOS R	10294 FAIRWAY HEIGHTS BLV
Add				MIAMI, FL 33157
X Remove				
2) Change				
Adđ				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	range, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y nor appreciate, marcuse rorry	
 	
	
-	

·	06/20/2018	
The date of each amendment(s) adoptio		, if other than the
fate this document was signed.		
04/01/201	18	
Effective date <u>if applicable</u> :	(no more than 90 days after amena	lment file date)
Note: If the date inserted in this block document's effective date on the Department.		g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes c nt for approval.	ast for the amendment(s)
	by the shareholders through voting groups voting group entitled to vote separately on	
"The number of votes cast for the	e amendment(s) was/were sufficient for app	proval
by	(voting group)	<u> </u>
	(voting group)	
☐ The amendment(s) was/were adopted baction was not required.	by the board of directors without shareholde	er action and shareholder
The amendment(s) was/were adopted baction was not required.	by the incorporators without shareholder ac	tion and shareholder
Dated <u>6/20/</u> Signature	1187	
(Hy a drog to	president or other officer – if directors or	officers have not been
	an incorporator - if in the hands of a receiv-	
appointed fid	luciary by that fiduciary)	
	Hector Por (Typed or printed name of person sig	?
	(Typed or printed name of person sig	nings)
	President	
	(Title of person signing)	