P180000 79201

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cît	ty/State/Zip/Phone	e #)
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Amendicus

JUL 08 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

.,

NAME OF CORPORATION: X QUALITY Services, Inc. DOCUMENT NUMBER: Y1800079201	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Maria Madalena Caldas - Lopes Name of Contact Person MIB Services Firm/ Company 12811 Kaniuood Lane Ste # 208 Address Fort Myers 1. 33907 City/ State and Zip Code Te-mail address: (to be used for future annual report-notification)	
For further information concerning this matter, please call:	
Mamia M. Caldas - Lopes at (239) 367 - 3121 Name of Contact Person Area Code & Daytime Telephone Num	nher.
Enclosed is a check for the following amount made payable to the Florida Department of State:	1001
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □ \$35 Filing Fee & □ \$52.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

X Quality	Gervices Inc.
(Name of Corporation as curse	ntly filed with the Florida Dept. of State)
Y181	000079201
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	N/A The new
name must be distinguishable and contain the word "corporation"." "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	tion," "company," or "incorporated" or the abbreviation r"Co". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	125 SE 24th Ave' Cape Coral, 14 33990
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address	ddress in Florida, enter the name of the ess:
(Florida	street address)
New Registered Office Address:	
New Registered Office Address.	(City) , Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia Signature of New	w Registered Agent, if changing

2

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:	re, and surry si	man, 5) as an Maa.				
X Change	<u>PT</u> <u>Jo</u>	John Doe				
X Remove	<u>V</u> <u>M</u>	Mike Jones				
X Add	<u>SV</u> <u>Sa</u>	ally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change Add	P	Marluce V. Vicina	Cape Conal PL 3399			
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		·				
Add						
Remove						
6) Change						
Add			-1			
Remove						

	(Be specific)
1A	
LPT	
	
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1.17	
	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares. Induced in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares. Inducent if not contained in the amendment itself:
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The date of each amendment(s) adoption: date this document was signed.	06/17/2019	, if other than the
Effective date if applicable:		
((no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of Sta	meet the applicable statutory filing requirements, this ate's records.	s date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	archolders. The number of votes cast for the amendme proval.	ent(s)
☐ The amendment(s) was/were approved by the sl	hareholders through voting groups. The following state oup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amenda	- •	
by		
(voting	g group)	
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were adopted by the inc action was not required.	corporators without shareholder action and shareholder	
Dated	17/7019	
Signature Manhun	Kian	
(By a director, preside	nt or other officer - if directors or officers have not be	en
selected, by an incorpe appointed fiduciary by	orator – if in the hands of a receiver, trustee, or other c	ourt
··· · · · · · · · · · · · · · · · · ·	Manue V. Vicira ped or printed name of person signing)	
(Ty	ped or printed name of person signing)	
_		
	(Title of person signing)	