P19000050297

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: Q7 SERVICES, II	NC	
	IBER: P19000050297		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	AYLIN CASTRO CRUZ		
		Name of Contact Person	n
	WHOLE TAX PROFESSIO	NAL SERVICES, INC	
		Firm/ Company	
	1800 SW 1ST ST SUITE 20	. •	
	- <u></u>	Address	
	MIAMI, FL 33135		
		City/ State and Zip Cod	e
who	letax@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
AYLIN CASTRO C	RUZ	at (786	253-9951
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations Clifton Building

Articles of Amendment to Articles of Incorporation of

Q7 SERVICES, INC	FILES	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)-	
P19000050297	2019 65 21 (2) 20	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation Adopts the following amendment(s) t	
A. If amending name, enter the new name of the corporation:	•	
	The new	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	14411 S DIXIE HWY SUITE 228	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33176	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14411 S DIXIE HWY SUITE 228	
•	MIAMI, FL 33176	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the	
Name of New Registered Agent	-	
name of New Registered rigent		
(Florida s	treet address)	
New Registered Office Address:	Florida	
	(City) (Zip Code)	
New Registered Office Address:	(City) , Florida, (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	it: - with and accept the obligations of the position.	
Signature of New	Registered 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:	e, and Sa	lly Smith,	SV as an Add.	
X Change	<u>PT</u>	John D	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	OFF		CARLOS L RINCON ANGULO	10372 NW 46TH ST
X Add				DORAL, FL 33178
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	. (Be specific)		
			
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-		<u> </u>	
		,	
	<u> </u>		
			-
		cellation of issued shares	
an amendment provides for an exc	hange, reclassification, or can endment if not contained in the	e amendment itself:	
an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or can endment if not contained in th	ne amendment itself:	
provisions for implementing the amo	hange, reclassification, or can endment if not contained in th	ne amendment itself:	
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provisions for implementing the amo	hange, reclassification, or can endment if not contained in th	ne amendment itself:	
provisions for implementing the amo	hange, reclassification, or can endment if not contained in th	ne amendment itself:	

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The date of each amendment(s) adoption:	, 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 meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	ı
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt .
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
08/13/2019 Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
DIEGO A QUINTERO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	