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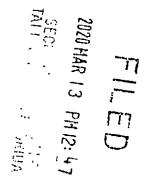
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: QUALITY SOLU	FIONS GROUP INC		
DOCUMENT NUM	D20000001387			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all con	respondence concerning this ma	tter to the following:		
	ANLLELA ZAMORA			
	Name of Contact Person			
		Firm/ Company		
	22831 SW 88TH PLACE UN	NFF 301		
	Address			
	CUTLER BAY, FL 33190			
		City/ State and Zip Code	2	
	qsolutionsmiami@gmail.com	ı		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call:		
ANLLELA ZAMOI	RA	at (⁷⁸⁶	653-4086	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 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		Amend	Address Iment Section on of Corporations	
P.O. Box 6327		The C	entre of Tallahassee	
Tallabassee Ff 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

QUALITY SOLUTIONS GROUP INC

(Name of Corporation	on as currently filed with the Florida	Dept. of State)
P20000004387		
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporate	ion adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
Quality Service Solutions Group Inc.		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbre	or "Co". A professional corporati	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)	2020 HAR 13
D. If amending the registered agent and/or register new registered agent and/or the new registered		मं द
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·
	(Florida street address)	1
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ations of the position.
Signo	ture of New Registered Agent, if chang	zing

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)

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>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		<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				

	additional sheets, if necessar	y). (Be specific)			
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fan ar	mendment provides for an a	exchange, reclassific	ation, or cancellati	on of issued shares	
	mendment provides for an essions for implementing the a	amendment if not co	ontained in the ame	ndment itself:	
<u>provis</u>	f not applicable, indicate N/A)			
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<u>provis</u> (<i>ij</i>					
<u>provis</u> (<i>ij</i>					
provis (i)					
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this bl document's effective date on the De		ntory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of d	irectors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number fficient for approval.	of votes cast for the amendment(s)
	roved by the shareholders through voting ach voting group entitled to vote sepa	
"The number of votes east t	for the amendment(s) was/were sufficie	ent for approval
by	(voting group)	·
	(voting group)	
March 9, 20 Dated	20	
Signature Alla Z	7 fmara	
selected	rector, president or other officer – if dir , by an incorporator – if in the hands o ed fiduciary by that fiduciary)	
	Quality Service Solutions Group Inc	
	(Typed or printed name of p	person signing)
	President	
-	(Title of person signing)	