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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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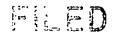
SECREL LANGEE FL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MDQ PRO SERV	ICES CORP				
DOCUMENT NUMB			<u>.</u>			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	itter to the following:				
	SILVINA BOSCO					
-		Name of Contact Person	<u> </u>			
		MDQ PRO SERVICES CORP Firm/ Company				
-						
_						
	HOLLYWOOD, FL, 33021					
_		City/ State and Zip Cod	le			
	MDQPROSERVICES@G	MAIL.COM				
_	_	sed for future annual report	notification)			
Paris Cardo de la Carda del car		. 0.				
ror further information	concerning this matter, plea	se call:				
SILVINA BOSCO)	754) 2047515 ode & Daytime Telephone Number			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Dep	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		Ameno Divisio The C 2415 I	Address Idment Section On of Corporations Sentre of Tallahassee N. Monroe Street, Suite 810 Passee, FL 32303			

Articles of Amendment to Articles of Incorporation



MDQ PRO SERVICES CORP

2022 APR -4 AM 11: 04

(<u>Name</u>	of Corporation as currently f	iled with the Florida Dept	. of State)	
	P2000003924	8	10	Singi gi
	(Document Number of C	orporation (if known)	· · · · · · · · · · · · · · · · · · ·	? _ L , i L
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	orida Profit Corporation ad	opts the following amend	ment(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The n	lew
name must be distinguishable and contain "Inc.," or Co.," or the designation "Coartered," "professional association."	Corp." "Inc." or "Co". A p			
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				_
				_
C. Enter new mailing address, if appli	icable:			
(Mailing address MAY BE A POST)				_
	-			_
				_
D. If amending the registered agent an		s in Florida, enter the nan	ne of the	
new registered agent and/or the new	w registered office address:			
Name of New Registered Agent	CARLOS ALDUBATO			
	5423 ROOSEVELT ST			
	(Florida street	address)		
New Registered Office Address:	HOLLYWOOD		. Florida	
	(C)	(y)	(Zip Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: vered agent. I am familiar witi	h and accept the obligations	s of the position.	
, ,,	.//			
	State	TA		
	MHT.			
	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)

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	
_ <u>X</u> Add	_ <u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	CARLOS ALDUBATO	5423 ROOSEVELT ST
X Add			HOLLYWOOD
Remove			FLORIDA, 33021
2) Change	P	SILVINA BOSCO	5423 ROOSEVELT ST
Add			HOLLYWOOD
X Remove 3) Change			FLORIDA, 33021
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach	ding or adding additional additional sheets, if necessa	ry). (Be specific)	nigetal nerg.			
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lf an a	nendment provides for an	exchange, reclassif	fication, or cance	llation of issued sh	hares,	
prove (į	ions for implementing the not applicable, indicate N/	amendment il not (4)	contained in the s	amendment itself:	L	
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Dated 2-17-2022

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 tiduciary by that fiduciary)

SILVINA BOSCO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)