P20000059418

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COVER LETTER

Division of Corporations NAME OF CORPORATION: QUALITY WORKS AUTO TRANSPORT INC DOCUMENT NUMBER: P20000059418 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BRAYAN BERGERY GUEVARA Name of Contact Person QUALITY WORKS AUTO TRANSPORT INC Firm/ Company 6624 N CLARK AVE Address TAMPA, FL 33614 City/ State and Zip Code gbergerybrayan@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 449-3377

Area Code & Daytime Telephone Number **BRAYAN BERGERY GUEVARA** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Street Address
Amendment Sec

Amendment Section
Division of Corporations
The Centre of Tallahassee

is enclosed)

Articles of Amendment to Articles of Incorporation of

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(Name		ntly filed with the Florida	Dont of State)
P20000059418	or Corporation as curren	any med with the Plories	Thept. of State
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is <i>Florida Profit Corpora</i> l	tion adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
QUALITY WORKS TRANSPORT INC	2		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporat	ated" or the abbreviation "Corp.,"
B. Enter new principal office address,		N/A	
(Principal office address MUST BE A S		N/A	
		N/A	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
		N/A	
		N/A	
D. If a monding the wegintered agent of	. d/		
 If amending the registered agent an new registered agent and/or the ne 			ie name of the
Name of New Registered Agent	N/A		22
	N/A		
	(Florida :	street address)	2 2
New Registered Office Address:	N/A		, Florida N/A 65
		(City)	II (Cip Gode)
			<u> </u>
			ο Α ^Θ Α
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Ages	<u>nt:</u> r with and accept the oblic	
r nevery accept the appointment as regist	erea agem. 1 am jamina	with und accept the owns	anons of the position.
	Signature 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 Do	<u>c</u>	
X Remove	<u>V</u>	Mike Joi	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
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				

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
/A	
-	
	_
	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and analysis analysis and an analysis and an analysis analysis and an ana
'A	
<u> </u>	

	10/20/2021	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	0/20/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man 90 days after amenament fite date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendmen sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ea	ist for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
10/20/20	21	
Dated		
	(aki	
Signature		
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	BRAYAN BERGERY GUEVARA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	