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A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: OUEDELICIAS D	NC 		
	BER: P21000005004			
The enclosed Article:	s of Amendment and fee are st	ibmitted for filing.		
Please return all corre	espondence concerning this ma	itter to the following:		
	ROSLENA BRICENO			
		Name of Contact Person	n	
	PRESIDENT			
		Firm/ Company		
	4952 CYPRESS TRACE DR			
		Address		
	TAMPA.FLROIDA 33624			
		City/ State and Zip Cod	e	
		VIN - (1) -		
	OMPROFESSIONALGROU	• •		
	E-mail address; (to be us	sed for future annual report	nonneation)	
For further information	on concerning this matter, plea	se call:		
DANCE CALL DISTANCE	45	777	2580227	
ROSLENA BRICENO		at (de & Daytime Telephone Number	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
Air	endment Section		lment Section	
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		·	N. Monroe Street, Suite 810	
141	ianassee. Fil. 20214	7415:	at taken of the contraction of the	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2021 APRILED

QUEDELICIAS INC

		<u> </u>
(Name of Corporation	on as currently filed with the Florida Dep	ot. of State) 44
P2100005004		
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida ts Articles of Incorporation:	a Statutes, this Florida Profit Corporation :	idopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:	
		The new
ame 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 corporation i	" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable		
Principal office uddress <u>MUST BE A STREET ADD</u>	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	(X)	
b. If amending the registered agent and/or register		me of the
new registered agent and/or the new registered (office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		_, Florida
	(City)	(Lip Code)
	(City)	(гар Свас)
· · · D · · · · · · · · · · · · · · · ·	t a mid t minute	
Kew Registered Agent's Signature, if changing Regi hereby accept the appointment as registered agent. I	istered Agent: I am familiar with and accept the obligation	is of the position.
	, , , , , ,	•
Signa	nure of New Registered 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	VP	WILMER RIVAS	2650 COUNTRYSIDE BLVD AP
X Add			CLEARWATER.FLORIDA
Remove			33761
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	· 		
Add			
Remove			
6) Change	-		
Add			
Remove			

mach additional sheets, if necessary).	(Be specific)			
				
				
<u> </u>				
		<u> </u>		
				. <u></u>
		-		
an amendment provides for an exc	hange, reclassification	, o <u>r cancellation o</u>	<u>f issued shares,</u>	
rovisions for implementing the am	<u>endment if not contair</u>	ie <u>d in the amendu</u>	ient itself:	
(if not applicable, indicate N/A)				
<u></u>				

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	tno more than 90 days after amendment file dater	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, the Department of State's records,	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	ient(s)
	pproved by the shareholders through voting groups. The following steor each voting group entitled to vote separately on the amendments).	dement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selde	director, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	ROSLENA BRICENO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	