Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone

Fax Number

: (305)803-2736 : (305)646-1527

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | |
|-------|-------------|--|
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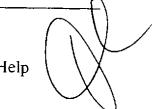
COR AMND/RESTATE/CORRECT OR O/D RESIGN M & R QUALITY SOLUTIONS, CORP.

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| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help



Articles of Amendment to Articles of

| Articles of Incorporation of | |
|---|---|
| M & R QUALITY SOLUTIONS, CO | OPP |
| (Name of Corporation as currently filed with th | orr. |
| P22000071631 | te Pibrida Dept. of State) |
| (Document Number of Corporation (| (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> its Articles of Incorporation: | |
| A. If amending name, enter the new name of the corporation: | 2072 |
| name must be distinguishable and contain the word "corporation," "company," or ". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional "chartered," "professional association," or the abbreviation "P.A." | corporation name must contain the prord # |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, onew registered agent and/or the new registered office address: | enter the name of the |
| Name of New Registered Agent | |
| (Florida street address) New Registered Office Address: | |
| (City) | , Florida |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the | he obligations of the position. |
| Signature of New Registered Agent, i | f changing |
| Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S. | ∕ e c |

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 Doc 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 Doc. 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 | | 202 |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Address</u> | 2022 OCT |
| 1) Change | DP | ANABELA MARROQUIN | 928 NE 5 AVENUE | ŧ |
| X Add | | | HOMESTEAD, FL. 33130 | —— — |
| Remove | | | | ـــــــــــــــــــــــــــــــــــــ |
| 2) Change | | - | | O |
| Add | | | | |
| Remove 3) Change | <u> </u> | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | · · · · · · · · · · · · · · · · · · · | | |
| Remove | | | | |
| Change | | | | |
| Add | | | | |
| Remove | | | | |
| Kemove | | | | |

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| If amending or adding additional Art (Auach additional sheets, if necessary). | (Bc specific) | | |
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| an amendment provides for an excha- | nge, reclassification, or cancellation of issued shares, | | |
| (if not applicable, indicate N/A) | dment if not contained in the amendment itself: | | |
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| The date of each amendment(s) adoption: date this document was signed. | , if other than t |
|---|--------------------------|
| 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. | will not be listed as il |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required. | and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | 2022 |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes east for the amendment(s) was/were sufficient for approval | IL AM 9 |
| (voting group) | 4 9: 36 File |
| OCTOBER 14TH, 2022 | on . |
| 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) | |
| MAYNOR ROMERO | |
| (Typed or printed name of person signing) | |
| DIRECTOR & PRESIDENT | |
| (Title of person signing) | |