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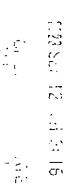
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TO: Amendment Section **Division of Corporations**

NAME OF CORE	PORATION: A QUALITY PRO	FESSIONAL CARE INC		
DOCUMENT NU	MBER: P23000040155			
	des of Amendment and fee are su	bmitted for filing.		
Please return all co	orrespondence concerning this ma	tter to the following:		
	CARMEN CONTRERAS			
		Name of Contact Person	on	
	A QUALITY PROFESSION	AL CARE INC		
		Firm/ Company		-
	2550 NW 72 AVE SUITE 20	0		
	· ····	Address	· · · · · · · · · · · · · · · · · · ·	-
	MIAMI FL 33122			
		City/ State and Zip Co	de	•
	Carmen Contreras <camucon< td=""><td>treras@gmail.com></td><td></td><td></td></camucon<>	treras@gmail.com>		
	Carmen Contreras E-mail address: (to be used for future annual report notification)			
For further informa	ation concerning this matter, plea	se call:		
GUILLERMO CO	NTRERAS	786 at (253 1128	
Nai	ne of Contact Person		ode & Daytime Telephone Numbe	
Enclosed is a check	k for the following amount made	payable to the Florida De	partment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	() () () () () () () () () ()
, I I	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Amer Divis The G	t Address adment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

A	OUAL	JTY	PROFESSION.	AL CARE INC

(Name of Corporation as currently	filed with the Florida Dept. of State)
P23000040155	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent N/A	. 5
(Florida stre	et address)
	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	City) (Zip Code) : \(\)
,	(IMP) COMP)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Charles Consultantia	
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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	CARMEN CONTRERAS	13341 SW 75 ST MIAMI FL 3317
X Add			
Remove			
2) Change			
Add			
Remove Change	<u> </u>	_	
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6) Change			
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Attach additional sheets, if necessary). (Be specific)	
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	, i
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	25
(g not appreciate, material transp	- ;
	71
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: _______, if other than the date this document was signed. 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 will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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. ☐ 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 cast for the amendment(s) was/were sufficient for approval (voting group) 09/01/2023 Dated 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) **CARMEN CONTRERAS** (Typed or printed name of person signing) INCORPORATOR

(Title of person signing)