P14000051216

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COVER LETTER

TO: Amendment Section Division of Corporations

•

NAME OF CORPO	RATION: AJL CLEANING	SERVICES INC	
DOCUMENT NUMI	P14000051216		<u> </u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	LEGNA DIAZ ESCANDON	I	
		Name of Contact Person	1
		Firm/ Company	
	5003 NW IST WAY		
		Address	
	POMPANO BEACH, FL, 33	3064	
		City/ State and Zip Code	2
	ajl.diaz@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
LEGNA DIAZ		786 at (5157850
Name o	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
□ \$35 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)
Ame Divi P.O.	ling Address Endment Section sion of Corporations Box 6327 Tahassee, FL 32314	Amend Divisio The Co 2415 P	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

ė	FIL	. <u>[</u>	· /)
2025 JU	M _{/3}	P _H	1.

AJL CLEANING SERVICES INC

		- 17 1.0
(Name of Corporation as cu	rrently filed with the Florida Dep	ot. of State)
P14000051216		
(Document Num	nber of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes s Articles of Incorporation:	s, this <i>Florida Profit Corporation</i> a	idopts the following amendment(
. If amending name, enter the new name of the corporation	on:	
AJL Immigration and Notary Services Inc		The new
ame must be distinguishable and contain the word "corporatio Inc.," or Co.," or the designation "Corp," "Inc," or "Co chartered," "professional association," or the abbreviation "	". A professional corporation in	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.)		
	 	
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
 If amending the registered agent and/or registered office new registered agent and/or the new registered office ad 		me of the
new registered agent and/or the new registered office ad	<u></u>	
Name of New Registered Agent		
——————————————————————————————————————	11	
(Flor	ida street address)	
New Registered Office Address:	(City)	_, Florida
	(City)	(inp code)
New Registered Office Address:	(City)	_, Florida(Zip Code)
	1 4.	
iew Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam	secut: iliar with and accept the obligation	ns of the position.
, , ,,	. *	-
	<u> </u>	
Signature of N	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	¥	Mike Jone	<u>es</u>		
_ <u>X</u> Add	<u>sv</u>	Sally Smi			
Type of Action (Check One)	<u>Title</u>	1	<u>Name</u>	<u> </u>	<u>addres</u> s
1) Change				 _	
Add				_	
Remove					
2) Change				 	
Add				_	
Remove 3) Change				 _	
Add				_	
Remove				_	
4) Change			<u>-</u>	 _	
Add				_	·
Remove				_	
5) Change				 _	
Add				_	
Remove					
δ) Change				 _	
Add					
Remove					

Attach ac	dditional she	ng additional . rets, if necessar	y). (Be spe	cific)	<u> </u>		
							· · ·
	-						
		-					
	 						
provisio	ns for imple	ovides for an e ementing the s e, indicate N/A	amendment i	classification, f not containe	or cancellation d in the amend	of issued share Iment itself:	<u>s.</u>
.							
							

. . .

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this openartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	lopted by the shareholders. The number of votes east for the amendmen ufficient for approval.	t(s)
must be separately provided fo	proved by the shareholders through voting groups. The following stater reach voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	F 1 .
	(voiling group)	<u>-</u> n
06/05/202	5	3 . 3 .
Dated		
G:	i Di Ga	P 1
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	LEGNA DIAZ ESCANDON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	