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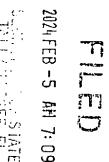
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

Division of Corporations						
NAME OF CORPORATION: AJG Payroll Solutions, INC. DOCUMENT NUMBER: P1400061674						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Contact Person AJG Payroll Solutions, Inc. Firm/Company 19489 N. Highway 41 #2470 Address Lutz Florida 33548 City/State and Zip Code Estrella @ ajg payroll.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Estrella M. Fernandez at (813), 368-2772 Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)						

Street Address

Amendment Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporatio

Artic	cles of Incorporation
$\Lambda T_{\alpha} = 0$	of
MJ G (rayroll	Solutions ATT FD
(Name of Corporation as	currently filed with the Florida Dept. of Stafe)
P14000	6/6 74 2024 FEB - 5 AM 7:09
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stat its Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
Payroll Service	
	ation," "company," or "incorporated" or the abbreviation "Corp.,"
"Inc.," or Co.," or the designation "Corp," "Inc." or "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>(35)</u>
C. Patrician and P. H. 15	- CA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	V _i (c)
	>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
new registered agent and/or the new registered only	address.
Name of New Registered Agent	1/2
	CX
(1)	Florida street address)
Many Provintence I Office Additional	A
New Registered Office Address:	(City) , Florida (Zip Code)
	/my =
New Registered Agent's Signature, if changing Registere	ed_Agent:
I hereby accept the appointment as registered agent. I am	familiar with and accent the abligations of the nacition
	$\setminus \wedge_{\alpha}$
	Co Co
	ve ₁
Signature	of New Registered Agent, if changing

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>∨</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change					
Add					
Remove					
2) Change			1		
Add			18		
Remove 3) Change		···			
Add			3		
Remove					
4) Change		-		7	
Add			(
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

ttach additional sh	ing additional Articles, enter change(s) here: eets, if necessary). (Be specific)
_	Co
	
	
an amendment p	rovides for an exchange, reclassification, or cancellation of issued shares,
rovisions for imp (if not applical.	dementing the amendment if not contained in the amendment itself: ble, indicate N/A)
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The date of each amendment(s) adoption: date this document was signed.	January	31,20	02.4	if other than the
Effective date <u>if applicable</u> :				
	(no more than 90 days afte	r amendment fi	le date)	
Note: If the date inserted in this block does n document's effective date on the Department of	ot meet the applicable statu 'State's records.	tory filing requi	irements, this date wi	ll not be listed as the
Adoption of Amendment(s) (CF	IECK ONE)			
☐ The amendment(s) was/were adopted by the action was not required.	incorporators, or board of di	rectors without	shareholder action an	d shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number capproval.	of votes cast for	the amendment(s)	
☐ The amendment(s) was/were approved by th must be separately provided for each voting	e sharcholders through voting group entitled to vote separ	g groups. The fately on the ame	ollowing statement endment(s):	
"The number of votes east for the ame	ndment(s) was/were sufficier	nt for approval		
by				
(vot	ing group)			
	ident or other officer – if directly or other officer – if in the hands of by that fiduciary)			
	Strella N Typed or printed name of pe	erson signing)	ndez	
	Vice Pres	tuebi.		
	(Title of person signing)	_	-	<u> </u>
			(813)31	68-2772

C + D = 1