573239

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: J. H. MANAGEM	ENT SERVICES, INC.	
DOCUMENT NU	572720		· · · · · · · · · · · · · · · · · · ·
The enclosed Artic	les of Amendment and fee are su	ibmitted for filing.	
Please return all co	теspondence concerning this ma	atter to the following:	
	MARTHA M. PADRON-HE	ERNANDEZ	
		Name of Contact Person	n
	J. H. MANAGEMENT SER	VICES, INC.	
		Firm/ Company	
	3050 BISCAYNE BOULEV	• •	
		Address	
	MIAMI. FLORIDA 33137		
		City/ State and Zip Cod	e
	mmph1964@yahoo.com		
	- -	sed for future annual report	notification)
	tion concerning this matter, plea	se call: at (³⁰⁵	282-9317
Nan	ne of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made		·
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation υf

ī	Н	MAN	AGEN	MENT	SERVICES	INC
J.	11.	IVIA	\mathbf{L}	VLL ! N L	DER VILLE	_ 1111.

J. H. MANAGEMENT SERVICES, INC	,			
(Name o	of Corporation as curren	tly filed with the Florida De	pt. of State)	
573239				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following am	endment(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A			71.1	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	l" or the abbreviation "C	
B. Enter new principal office address,	if applicable:	3050 BISCAYNE BOUI	LEVARD	
(Principal office address MUST BE A S	SUITE 501	SUITE 501		
		MIAMI, FLORIDA 331	137	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3050 BISCAYNE BOULEVARD		
		SUITE 501		
		MIAMI, FLORIDA 331	37	
D. If amending the registered agent an new registered agent and/or the new			ame of the	<u> </u>
Name of New Registered Agent	JAVIER ALEJANDRO	HERNANDEZ		ي
	3050 BISCAYNE BOUL	LEVARD, SUITE 501		- -
	(Florida s	treet address)		70
New Registered Office Address:	MIAMI		, Florida	. (1)
	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ons of the position.	
Check if applicable The amendment(s) is/are being filed p	///	Registered Agent, if changing) (c), 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	PT	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>	Name	<u>Addres</u> s	
1) Change	<u>P</u>	CIRILO HERNANDEZ	7101 NW 43st, Miami, FL 33166	-
Add				_
X Remove				
2) Change	P	JAVIER ALEJANDRO HERNANDI	3050 Biscayne Blvd, Suite 501	_
X Add			Miami, FL 33137	_
Remove	N1/A	N/A	N/A	. 7
3) Change	N/A	<u>N/A</u>	N/A	<u>ئ</u> ے۔
Add			N/A	
Remove			N/A	ယ
4) Change	N/A	N/A	N/A	- <u>.</u> .
Add			N/A	`' _ _ _\
Remove			N/A	
5) Change	N/A	N/A	N/A	_
Add			N/A	
Remove			N/A	-
6) Change	N/A	N/A	N/A	_
Add			N/A	_
Damaria			N/A	

 If amending or adding additional Artic (Attach additional sheets, if necessary). 	(Be specific)	
i/A		
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		9
If an amendment provides for an excha	inge, reclassification, or cancellation of issued shares,	c
provisions for implementing the amen	dment if not contained in the amendment itself:	-
(if not applicable, indicate N/A)	the state of the s	_
'A		(
		- (
-		

The date of each amendment(s) adoption: date this document was signed. 10/16/2023 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 w	, if other than th
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 w	
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 w	
(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 w	
	<u> </u>
locument's effective date on the Department of State's records.	rill not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action as action was not required.	nd 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.	
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	
by N/A	
(voting group)	
10/20/2023 Dated	ر د
(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)	ـــــــــــــــــــــــــــــــــــــ
MARTHA M. PADRON-HERNANDEZ	÷
(Typed or printed name of person signing) V. S	

(Title of person signing)