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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ___ DOCUMENT NUMBER: P01000062503 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ILENE S SCHNALL Name of Contact Person ILENE'S SCHNALL PA Firm/ Company 2480 N ANDREWS AVE SUITE I Address WILTON MANORS, FL 33311 City/ State and Zip Code JOY@JOYHARDING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (\frac{954}{\text{Area Code & Daytime Telephone Number}} **ILENE SCHNALL** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JAH CONSULTANTS, INC.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as cur	rrently filed with the Flo	rida Dept. of State)	
201000062503			
(Document Num	iber of Corporation (if kno	own)	
Pursuant to the provisions of section 607,1006, Florida Statutes ts Articles of Incorporation:	s, this <i>Florida Profit Corp</i>	oration adopts the fo	llowing amendment(s
A. If amending name, enter the new name of the corporation	on:		
			The new
name must be distinguishable and contain the word "corporatio". "Inc.," or "Co.," or the designation "Corp." "Inc.," or "Co." or "Co." or the abbreviation "	o". A professional corp	rporated" or the abbr oration_name_must_c	eviation "Corp.," contain the word
Enter new principal office address, if applicable:			2
Principal office address <u>MUST BE A STREET ADDRESS</u>)			Zegn kov
			
			<u> </u>
. Enter new mailing address, if applicable:			PH :
(Mailing address MAY BE A POST OFFICE BOX)			
			: 02
			2
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		er the name of the	
Name of New Registered Agent			
Came of New Registered Agent	<u></u> -		
	ida street address)		
	,	121 - 7.1	
New Registered Office Address:	(City)	, Florida	(Zip Code)
	·		•
ew Registered Agent's Signature, if changing Registered A			
hereby accept the appointment as registered agent. I am fam	iliar with and accept the o	obligations of the pos	ition.
Signature at A	 New Registered Agent, if c	hanaina	
Signature ty to	не в недажени пуст, у с	minging	
heck if applicable			

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)

Example:

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 Do	<u>9e</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	ones .	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	T	_	DEBRA A TOZZO	3559 PENINSULA POINTE DR
X Add				VALDESE, NC 28690
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

ttach <i>additional sheets, ij</i>					
					
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n amendment provide	s for an exchange, i	reclassification, or	cancellation of is	sued shares	
nn amendment provide ovisions for implemen	ting the amendmen	t if not contained	in the amendmen	t itself:	
(if not applicable, ind	icate N/A)				
				- <u>-</u>	
					
					
		-			

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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 thi document's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharel	nolder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the are sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes of	ist for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated <i>No∪</i>	ember 2, 2020	
Signatu <u>re</u>		
selec	director, president or other officer – if directors or officers have sted, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	
	JOY HARDING	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	