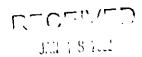
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
FEB - 4 2022				

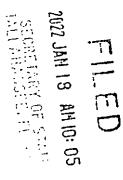
Office Use Only



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01/19/22--01017--013 **43.75



COVER LETTER

Division of Corporations				
NAME OF CORPORATION: JRL CONSULTING GROUP, INC. DOCUMENT NUMBER: PO300092460				
The enclosed Articles of Amendment and fee are submitted for				
Please return all correspondence concerning this matter to the fo	llowing:			
JASON LA	voi€			
Name of	Contact Person			
JRL Consulti	og Group, Inc			
1500 Weston	Rd # 211			
	Address			
LUESton, +L	33326 te and Zip Code			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Jason Lavoie Name of Contact Person	Area Code & Daytime Telephone Number			
Name of Confact Person Mea Code & Daytime Perephone Number				
linelosed is a check for the following amount made payable to the Florida Department of State:				
Certificate of Status Certific	Filing Fee & Section S			

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FI. 32303

Articles of Amendment

to
Articles of Incorporation
of

FILED

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS Weston, FL 333326	$A_{01} \wedge A_{01} \wedge A$	2022 1411 10 11
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc.," or "Co." A professional corporation name must contain the word chartered. "professional association," or the abbreviation "P.A." 3. 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) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address. Name of New Registered Agent PRO LANGE (City) Florida 333210 (City) New Registered Agent's Signature, if changing Registered Agent:		
(City) (Document Number of Corporation (if known) (Document Number of Corporation (if known) (Document Number of Corporation adopts the following amendment(s) to the Articles of Incorporation: (The mew name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," a professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." (S. Enter new principal office address, if applicable: (Mailing address MUST BE A STREET ADDRESS) (Mailing address MAY BE A POST OFFICE BOX) (Mailing address MAY BE A POST OFFICE BOX) (I amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (City) (City) (City) (Florida 333210 (City)	(Name of Corporation as currently	
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2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1. Sob Weston RD # 211 Weston, FL 33326 2. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 1. Sob Weston RD # 211 (Florida street address) New Registered Office Address: New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent:	(Principal office address MUST BE A STREET ADDRESS)	
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(Florida street address) New Registered Office Address: City (City) New Registered Agent's Signature, if changing Registered Agent:	Name of New Registered Agent TASON	LAVOIE.
New Registered Office Address: UCSTO , Florida 33246 (City) , Florida (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Office Address: UESTON	, Florida 3332 to
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Donictored Agent's Signature if changing Pegistered Agent	
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Santana Davidana Acara Calamaian		anistand Acoust If champing
Signature of New Registered Agent, if changing	Signature in New Ro	zmerea zgent, ij Onanging

Check if applicable

1.1 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X_Change	82	DREON LAVOIC	1500 Weston Rd #21
Add			Weston, FL
Remove			33326
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			allendring a superiority of a group and angles of the state of the sta
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be speci	fic)	
	- ACCUSANCE	
		_
	antification on annuallation of invest charge	
an amendment provides for an exchange, recla provisions for implementing the amendment if	not contained in the amendment itself:	
(if not applicable, indicate N/A)	not contained in the amenanent room.	
(9		
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The date of each amendment(s) adoption: _	0)	05	22		, if other than the
date this document was signed. Effective date if applicable:					
	(no more than	90 days	after amendme	mt file date)	
Note: If the date inserted in this block does document's effective date on the Department			tatutory filing	requirements, this date	will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)				
The amendment(s) was/were adopted by the action was not required.	ne incorporators, o	or board	of directors wit	hout shareholder action	and shareholder
[] The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		he numb	per of votes cas	t for the amendment(s)	
[] The amendment(s) was/were approved by must be separately provided for each voting					t
"The number of votes cast for the an	nendment(s) was/v	vere suff	icient for appro	oval	
by				 '	
(v	oting group)				
Dated0/_05	12022				
Signature	, 2				
(By a director, pro				ficers have not been trustee, or other court	
appointed fiducia	nry by that fiducian	ry)			
	Jason_	<u>LA</u>	<u>voi€</u>		
	(Typed or printe	id name	of person signif	ng)	
<u> </u>	resident	<u> </u>	Direct	70	
	(Title of person	signing)			