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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052 : (305)591-9180 Fax Number : (305)591-9167

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: Info@ Jelenaccounting.

COR AMND/RESTATE/CORRECT OR O/D RESIGN JELEN ACCOUNTING SERVICES, INC.

| Certificate of Status | 0 |
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Help

Articles of Amendment to Articles of Incorporation of

| JELEN ACCOUNTING SERVICES, INC. | |
|--|---|
| (Name of Corporation as current | ly filed with the Florida Dept, of State) |
| P07000023350 | |
| (Document Number of | of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | 4851 NW 79TH AVENUE SUITE 5 |
| (Principal office address MUST BE A STREET ADDRESS) | DORAL FLORIDA, 33166 |
| | |
| C. Enter new maiting address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 4851 NW 79TH AVENUE SUITE 5 |
| | DORAL FLORIDA, 33166 |
| | |
| D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre- | dress in Florida, enter the name of the |
| Name of New Registered Agent | |
| | 19 ALL |
| (Florida s | street address) |
| New Registered Office Address: 4851 NW 79TH AVENU | JE SUITE 5 DORAL Florida 33166 - T |
| (16.77) Charles of the Control of th | (City) (Dp Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia. | nt: 54 & 57 |
| | |
| 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: <u>X</u> Change | PT | John De | <u>0e</u> | | |
|-------------------------------|-----------|-------------|---------------|--|--|
| X Remove | <u>v</u> | Mike Jo | ones . | | |
| X Add | <u>sv</u> | Sally S | mith_ | | |
| Type of Action (Check One) | Title | | Name | <u>Addres</u> s | |
| 1) X Change | DPST | | JORGE RAMIREZ | 4851 NW 79TH AVENUE | |
| Add | | | | SUITE 5 | |
| Remove | | | | DORAL FLORIDA, 33166 | |
| 2) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 3) Change | | | | | |
| Add | | | | 2.50 | |
| Remove | | | | SELECTION AND SELECTION OF SELE | |
| 4) Change | | | | | |
| Remove | | | | 20 S 3 S 3 S 3 S 3 S 3 S 3 S 3 S 3 S 3 S | |
| 5) Change | | | | <u> </u> | |
| Add | | | | | |
| Ramove | | | | | |
| 6) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |

Page 2 of 4

| ttach udditiona! sheets, if necessary). (Be specific) | | |
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| ve an address for an exchange reclassification or cancellation of issued shares, | : m - < | |
| If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: | -; -1; | <u>>></u> |
| (if not applicable, indicate N/A) |) [0] | $\dot{\omega}$ |
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| The date of each amendment(s) =d | option: | , if other than the |
|---|--|--|
| date this document was signed. | POLO | |
| U5/10 Effective date if applicable: | /2019 | |
| The core is appropriate. | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bi document's effective date on the Dep | ock does not meet the applicable statutory filling requirements, this date volument of State's records. | will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes east for the amendment(s) ficient for approval. | |
| ☐ The amendment(s) was/were app must be separately provided for | roved by the shareholders through voting groups. The following statement 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 | | |
| ·, | (voting group) | |
| The amendment(s) was/were adoraction was not required. | pted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were add action was not required. | pted by the incorporators without shareholder action and shareholder | |
| 5/16/2019 | | |
| Dated | | |
| selecte | irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) JORGE RAMIREZ. | FIL 19 MAY 18 SECRETARY SECRETARY |
| | (Typed or printed name of person signing) | 第 至 四 |
| | DPST | <u>50 m</u> 5 |
| | (Title of person signing) | |