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SECRETARY OF STATE

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C. LEWIS

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EXABBINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JCB-SER	VICE OF AME	ERICA INC			
DOCUMENT NUMB	ER: P07000091	174				
	of Amendment and fee are su					
Please return all corresp	Please return all correspondence concerning this matter to the following:					
(CARLOS RIOS					
<u>.</u>	Name of Contact Person JCB-SERVICE OF AMERICA INC					
142 SW 17TH CT APT 3						
MIAMI FL 33135						
rios	c3314@gmail	City/ State and Zip Code .COM				
		sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
CARLOS RIOS		_{at (} 786	,899 3179			
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check for	Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 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		Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				



Articles of Amendment Articles of Incorporation of

14 JUL 28 PH 1: 15

JCB-SERVICE OF AMERICA INC.	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
(Document Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered." "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	142 SW 17TH CT APT3
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33135
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	142 SW 17TH CT APT 3
(maning with be many out of their box)	MIAMI FL 33135
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent CARLOS RIOS	
142 SW 17TH	
(Florida street New Registered Office Address:	et address) . Florida 33135
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Signature of New Registered Agent:	

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)

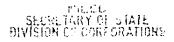
Please note the officer/director title by the first letter of the office title:

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 Doc			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	Р	CARLOS L RIOS	10069 PORTOFINO DR		
Add			ORLANDO FL 32832		
Remove					
2) Change	Р	CARLOS RIOS	142 SW 17TH CT APT 3		
Add			MIAMI FL 33135		
Remove					
3) Change	VP	VALERIA RIOS	10069 PORTOFINO DR		
Add	,		ORLANDO FL 32832		
Remove					
4) Change	-				
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
ne weeks	
	
W. J. W.	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
/A	
	-



The date of each amendmen	t(s) adoption: 07/24/2014	14 JUL 28 PH 1: 11	5 , if other than the
date this document was signed	1.		
Effective date if applicable:			
	(no more than 90	duys after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/weby the shareholders was/w	ere adopted by the shareholders. The recessificient for approval.	umber of votes east for the amendment	ent(s)
	ere approved by the shareholders throu led for each voting group entitled to vo		tement
	s cast for the amendment(s) was/were	• •	
by	(voting group)	14	
	(voting group)		
The amendment(s) was/we action was not required.	ere adopted by the board of directors w	ithout shareholder action and shareh	older
The amendment(s) was/we action was not required.	ere adopted by the incorporators witho	at shareholder action and shareholde	г
Dated_07/2	24/2014		
Dated	//	<u> </u>	
Signature	(Dot)		
(1	By a director, president or other office		
	elected, by an incorporator – if in the properties provinted fiduciary by that fiduciary)	nands of a receiver, trustee, or other	court
	CARLOS RIOS		
	(Typed or pri	nted name of person signing)	
	PRESIDENT		
	(Title	of person signing)	