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SECRETARY OF SIATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: JOXI TECHNICA	L SERVICE INC	
DOCUMENT NUMBI	P090000222263		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
J	OSE GIL		
		Name of Contact Person	n
J	JOXI TECHNICAL SERVICE INC		
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
3	571 SW ROSSER BLVD		
_		Address	
F	PORT ST LUCIE FL 3495	2	
		City/ State and Zip Code	e
	E-mail address: (to be us	SOCVICE ON Seed for future annual report	Ulsout-net notification)
For further information	concerning this matter, pleas	se call:	
JOSE 6	16	at (777)	1224-9104
Name of Contact Person		at (1772) 224-9104 Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
<u>Maili</u>	ng Address	Street	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 to Articles of Incorporation of

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TALLAH TARY OF CO.
THE AHABIL SIF CO.

JOXI TEHCNICAL SERVICE INC

	- ANAGAI WA
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P09000022263	TO BE
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)
s Articles of Incorporation:	
a. If amending name, enter the new name of the corporation:	
V/A	The new
ame 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
• •	N/A
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	· · · · · · · · · · · · · · · · · · ·
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres 	
N/A	<u>5.</u>
Name of New Registered Agent	
(Florida st	reet address)
V D 1000 111	
New Registered Office Address:	(City) (Zip Code)
	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	<u>u</u> with and accept the obligations of the position.
20, 2220pt the appointment as registered agent. I diffutition	and accept the congunition of the position.
Signature of New	Registered Agent, if changing
Signature of New I	ксумегей Agent, ij 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	AMERICAS TECHNICAL SERVIC	1005 W ST RD 84 STE 204
X Add			FORT LAUDERDALE FL 33315
Remove			
2) Change	P	JOSE GILL	3571 ROSSER BLVD
X Add			PORT ST LUCIE FL 34953
Remove			
3) Change	VP	XIOMARA GONZALEZ	3571 ROSSER BLVD
X Add			PORT ST LUCIE FL 35953
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Atta	mending or adding additional Artic ach additional sheets, if necessary).	(Be specific)
/A		
	· · · · · · · · · · · · · · · · · · ·	
·		· · · · · · · · · · · · · · · · · · ·
<u>If an</u> pro	n amendment provides for an excha ovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendmen date this document was signed		, if other than the
Effective date if applicable:	MARCH 21, 2016	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendme ere sufficient for approval.	nt(s)
☐ The amendment(s) was/we must be separately provid	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ement
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
MAR Dated	CH 21, 2016	
Signature_	504 LS	
S	By a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other c ppointed fiduciary by that fiduciary)	
	JOSE GIL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	