PO9 0000 3-1071

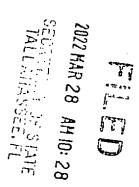
(Requestor's Name)
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(Address)
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of 4/11/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JLS ELECTRICAL	_ SERVICES, INC					
DOCUMENT NUM	BER:						
	of Amendment and fee are su	bmitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:					
	Joselin Lopez						
		Name of Contact Person	1				
	JLS Electrical Services Inc						
		Firm/ Company	-				
	16634 SW 59th Terrace						
	Address						
	Miami, Fl. 33193						
		City/ State and Zip Code	<u> </u>				
	The formal and the bloom of the second of th						
	jlselectricalserv@bellsouth.n	sed for future annual report	notification)				
For further information	on concerning this matter, plea		525-7253				
Name	of Contact Person	Area Co) 525-7253 de & Daytime Telephone Number				
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:				
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2022 MAR 28 AM 10: 28

JLS ELECTRICAL SERVICES, INC

(Name of Corporation as curren	ntly filed with the Florida Dept. of State) ALLIAGASSES, FI
209000029071	
(Document Number	of Corporation (if known)
fursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
3. Enter new principal office address, if applicable:	n/a
Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	n/a
D. If amending the registered agent and/or registered office ad	idress in Florida, enter the name of the
new registered agent and/or the new registered office addre	<u>:SS:</u>
Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age Thereby accept the appointment as registered agent. I am familia	nt: y with and accept the obligations of the position.
nerces, accept the appearance is a regime on agent. I am jumin	erropen o rain t
Signature of New	Registered Agent, if changing

Check if applicable

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)

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>	<u>John Doe</u>			
X Remove	<u>V</u>	Mike Jo	nes		
<u>X</u> Add <u>SV</u> <u>S</u>		Sally Smith			
Type of Action (Check One)			Name	<u>Addres</u> s	
1) Change	VP	_	Jose Arencibia	9312 NW 120th St Apt 124	
Add X Remove				Hialeah, Fl. 33018	
2) Change		_			
Add Remove 3) Change Add		_			
Remove 4) Change Add		_			
Remove 5) Change Add		_			
Remove 6) Change Add		_			
Remove					

(Atta	mending or adding additional Articles, enter change(s) here: sch additional sheets, if necessary). (Be specific)
/a	
_	
_	
•	
<u>If an</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
'a	
_	

3/23/2022	
The date of each amendment(s) adoption:date this document was signed.	, if other than
Effective date if applicable:	
(no more than 90) days after amendment file do	ite)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shar action was not required.	eholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follomust be separately provided for each voting group entitled to vote separately on the amenda	wing statement nent(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by" (voting group)	
Dated 03-23 - 2G22 Signature (By a director, president or other officer - if directors or officers ha	ve not been
selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiductary by that fiduciary)	or other court
Toselin Lepez (Typed or printed name of person signing)	
President.	
(Title of person signing)	

the

the