P11000/08471

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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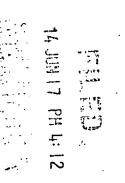
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JUL 0 1 2014

C. CARROTHER:

COVER LETTER

Division of Corpora	ations		
NAME OF CORPORATION: J.L.L. Multi Services, Inc. DOCUMENT NUMBER: P/1000108471			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspondent	ondence concerning this man	tter to the following:	
_	E/ Sie	St-FI	leur
T. L. L- Multi Services, Inc.			
J.L.L. Multi Services, Inc. 2345 NE 135 Street #102			
Miomi, FL 33/81			
City/ State and Zip Code			
Sunfacer 8860 hotmail.com E-mail address: (to be used for future annual report notification)			
For further information of	concerning this matter, pleas	se call:	
E/file Name of	St. Fleur Contact Person	at (<u>786</u> Area Co	308-1273 ode & Daytime Telephone Number
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)
Maik	ser Aeldmann	Stungt	t didward

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Articles of Amendment

	to	Story 5 th	0112011
	Articles of Incorporation of		
J. J. L. Multi	Services,	7 HOUN 17 PM L:	2
(Name of Corporation as currently	filed with the Florida Dept.	of State)	J
P11000108411		The Late of the Control of the Contr	
(Document Number of	of Corporation (if known))
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this <i>Florida Profi</i>	**Corporation adopts the following a	amendment(s) to
A. If amending name/enton the new name of the	corporation:	7	The new
name must be dis t inguishable and contain the we "Corp," "Inc.," or Co.," or the designation "Corword" chartered," "professional association," or th	rp," "Inc," or "Co". A prof	y," or "incorporated" or the abb	reviation
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD		NIF	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>OX</u>)	NH	
D. If amending the registered agent and/or regist new registered agent and/or the new registered	ered office address in Florid	a, enter the name of the	
Name of New Registered Agent 237	$\frac{017}{75} + \frac{1}{125} + \frac{1}{125}$ (Florida street address)	St. #102	
New Registered Office Address: Mi a		, Florida	
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent	I am familiary with and accept		
Signature of a	New Registered Agent, if chang	ging	

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 I	<u>Doe</u>	EILING CANCELLED
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	FILING CANCELLED RETURNED CHECK
X Add	SV Sally	<u>Smith</u>	RETURNED CITECK
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PTSD	Gregory Allerte	2345 NE 1358+. # 102 Miami, Pl 33/8/
Remove			Miami, Pl 33/8/
2) Change	PTID	Elsie St. Fleur	7345 NE 13581 #102
Add Remove			#102 Migmi, F1 33181
3) Change			
Add			
4) Change			
Add Remove			
5) Change			_
Add Remove			
6) Change			
Add			
Remove			

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. If amending or adding additional Art	ticles, enter change(s) here:	KETUKNED CI
(Attach additional sheats innecessary)	/ / 1//	
	NIH	
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f an amendment provides for an exc	hanga raclassification or sancal	lation of issued charge
provisions for implementing the amo	endment if not contained in the a	mendment itself:
(if not applicable, indicate N/A)		
		
		·
		
	10	

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U/29/14 RETURNED CIT	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: 4/29/19	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	
$\frac{5}{30}/4$	
Signature St. Fle	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Elsic St. Flew	
(Typed or printed name of person signing)	-
President/Directo	
(Title of person signing)	