P1300053307

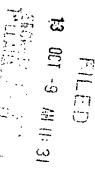
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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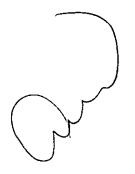
Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JASO UN	LIMITED SE	RVICES INC	
DOCUMENT NUMBER: P13000053			
The enclosed Articles of Amenament and fee are su	bmined for filing.		
Please return all correspondence concerning this mat	tter to the following:		
JOSE A SAND	OVAL		
JASO UNLIMIT	Name of Contact Person		
1744 NW 82 A	Firm/ Company VE		
MIAMI, FL, 331	Address		
	City/ State and Zip Cod		
jasounlimitedservi	ceinc@gmail.		
For further information concerning this matter, pleas	•		
		7075707	
JOSE A SANDOVAL Name of Contact Person	at (/ 86	de & Daytime Telephone Number	
Enclosed is a check for the following amount made p			
■ \$35 Filing Fee	☐\$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment Articles of Incorporation

JASO UNLIMITED SERVICES INC

(Name of Corporation as currently filed with the Florida Dept. of State)	
00053307	
·	

(Document Number of Corporation	(if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following an	nendment(
A. If amending name, enter the new name of the corporation:	77			
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered." "professional association." or the abbreviation	ion," "company," or "incorporated" or the abbre "Co". A professional corporation name must cont			
B. Enter new principal office address, if applicable:	1744 NW 82 AVE			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL, 33126			
	American Company Compa	ಪ		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1744 NW 82 AVE	FIL.		
		-9 MM III:		
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	 . <u>.</u>		
Name of New Registered Agent JOSE A SANDO	OVAL			
1744 NW 82	AVE			
	street address)			
New Registered Office Address: MIAMI	, Florida 33126			
(Cit	y) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent familian	nt: r with and accept the obligations of the position.			
Signature of New Registered	d 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: X Change	<u>PT</u>	John Doe					
X Remove	<u>V</u>	Mike Jones					
X Add	<u>SŸ</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s				
1) Change	P	JOSE A SANDOVAL	1744 NW 82 AVE				
Add			MIAMI, FL, 33126				
Remove							
2) Change							
Add							
Remove			·				
3) Change							
Add							
Remove							
4) Change			-				
Add							
Remove							
5) Change							
Add							
Remove			 				
6) Change							
Add							
Remove							

Attach	additional si	heets, if nece	essary). (Be specific)	ange(s) here			
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<u>provisi</u>	nendment p lons for Imp not applical	lementing t	<u>he amendr</u>	ge, reclassi nent if not	fication, or contained in	cancellation 1 the amend	of issued sh ment itself:	ares,
								
								
<u></u>	····							
				····	-·· <u></u>		<u>-</u> -	F-4-3:

The date of each amendment(s) a	doption: 09/04/2013	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated_10/04/20	ASO	_
(By a d	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)	
11	, ,	
	JOSE A SANDOVAL	_
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	_