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JUN 2 0 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: JJ REPAIR AND	SERVICES CORP		
DOCUMENT NUM	BER: P13000082051			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	JESUS GONZALEZ			
		Name of Contact Person	n	
	JJ REPAIR AND SERVICES	S CORP		
		Firm/ Company		
	2138 NW 133 ST			
		Address		
	MIAMI, FL 33167			
		City/ State and Zip Cod	e	
For further information	E-mail address: (to be us on concerning this matter, pleas	sed for future annual report	notification)	
JESUS GONZALEZ		786 at ()	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐S43.75 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			Address Iment Section	
Div	ision of Corporations	Divisio	on of Corporations	
P.C). Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

11	REPA	118	AND	SERV	ICES.	CORP

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P13000082051			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the fo	ollowing amendm	ient(s) to
A. If amending name, enter the new name of the corporation:			
		The nev	W,
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "F	lo". A professional corporation name	the abbreviation the must contain th	n ie
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
		.	
C. Enter new mailing address, if applicable:	it.	T: #	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	F	
	•	A SE	IJ
		19	<u>ئىت</u>
		TO 192	झा। ह्या
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	" رو تسم	٠.
new registered agent and/or the new registered office address:	÷	9: 5 ORE:	·
Name of New Registered Agent		<u> </u>	•
(Florida stree	et address)		
New Registered Office Address:	. Florida		
	City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	iste oord on one at the historia or of the son	.miei	
I hereby accept the appointment as registered agent.—I am familiar wi	ин ana accept the obligations of the po	S1410#1.	
Signature of New Re	gistered 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 Do	<u>uc</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
<u>X</u> Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change	D		MICHEL MORALES	4801 E 8TH AVE APT 17
X Add		_		HIALEAH, FL 33013
Remove				
2) Change				
Add				
Remove				
3) Change		_	<u> </u>	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
Kemove				
6) Change		_		
Add				
Remove				

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)				
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If an amendment provides for an excl provisions for implementing the ame	nange, reciassifica Indment if not con	tion, or cancellate	ion or issueu siiai endment itself:	1851	
(if not applicable, indicate N/A)					
			· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·		
			-		

The date of each amendment(s) adoption:	18	if other than the
date this document was signed.		,
Effective date if applicable:		
(no m	nore than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet document's effective date on the Department of State's		is date will not be listed as the
Adoption of Amendment(s) (CHECK C	<u>ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders was/were sufficient for approva		ient(s)
☐ The amendment(s) was/were approved by the sharely must be separately provided for each voting group	holders through voting groups. The following sta entitled to vote separately on the amendment(s).	atement :
"The number of votes cast for the amendment(
by(voting gro		
(voting gro	nup)	
☐ The amendment(s) was/were adopted by the board of action was not required.	of directors without shareholder action and share	holder
☐ The amendment(s) was/were adopted by the incorporaction was not required.	orators without shareholder action and sharehold	er
06/15/2018 Dated		
Signature		
	r other officer - if directors or officers have not b	been
selected, by an incorporate appointed fiduciary by that	or – if in the hands of a receiver, trustee, or other at fiduciary)	court
JESUS GONZAL	.EZ	
(Typed	or printed name of person signing)	
VICE PRESIDE	.NT	
	(Title of person signing)	