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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JACOB GOUP Services Corp DOCUMENT NUMBER: P13000 82864			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Contact Person			
Firm/ Company 413 SW 3+L S+ Address			
Hallandale FL 33009 City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (786) 835 1157 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED

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		filed with the Florida De	
`		0 82864	TALLAHASSEE, FI ORIN
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`			
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Fl	orida Profit Corporation :	adopts the following amendment(s) to
A. If amending name, enter the new name of	f the corporation:		
			The new
name must be distinguishable and contain the will inc.," or Co.," or the designation "Corp," chartered," "professional association," or the	"Inc," or "Co". A	mpany," or "incorporated professional corporation	or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address, if app			
Principal office address <u>MUST BE A STREE</u>	(I ADDRESS)		
C. Enter new mailing address, if applicable			
(Mailing address MAY BE A POST OFFI	CE BOX)		
D. If amending the registered agent and/or new registered agent and/or the new regis		ss in Florida, enter the n	ame of the
Name of New Registered Agent			
Name of New Register ea Agent			
	(Florida strec	art artiferens	
	(Florida stree	ri uaaress)	
New Registered Office Address:		CV	, Florida
	(6	City)	(Zip Code)
Nam Decistored Agent's Cignoture if shows	no Doolstored Agents		
New Registered Agent's Signature, if changi I hereby accept the appointment as registered o	agent. – Lam familiar wi	ith and accept the obligation	ons of the position.
	•	- "	
	Signature of New Reg	gistered Agent, if changing	Ţ

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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	5	Acturo Addro Cespalas	413SW 3" ST Hallandale, FL 3300°
∠ Add			Italiandale, FL 33000
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)	If amending or adding additional (Attach additional sheets, if necessar	ry). (Be specific)			
provisions for implementing the amendment if not contained in the amendment itself:					
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	If an amendment provides for an	exchange, reclassifica	ition, or cancellatio	n of issued shares,	
(у пот аррисате, такае млл)	provisions for implementing the	amendment if not co	ntained in the amer	idment itself:	
	(у пог аррисате, такате пул	4)			
					
					
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The date of each amendment(s) add date this document was signed.	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirentment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the	he amendment(s)
must be separately provided for e "The number of votes cast for by Dated Signature (By a dir spleeted,	oved by the shareholders through voting groups. The fourth voting group entitled to vote separately on the amenor the amendment(s) was/were sufficient for approval (voting group) O (2025) O (2025)	have not been se, or other court
-	(Title of person signing)	