## P14000044330

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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: J.P. Enterprises Services, Inc. DOCUMENT NUMBER: P1 40000 44 330 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Josier Paul
Name of Contact Person J.P. Enterprises Services Inc.
Firm/ Company Miami, FL 33169

City/ State and Zip Coo: Josier Paul @ yanoo. Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tosier Paul at 786 208-3096

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ✓\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

J.P. Enterprises Services Inc	
J.P. Enterprises Services Inc (Name of Corporation as currently	filed with the Florida Dept. of State)
P14000044330	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A markered," "professional association," or the abbreviation "P.A."	The new mpany," or "incorporated" or the abbreviation "Corp" professional corporation name must contain the word
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: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	address)
New Registered Office Address:	, Florida
<i>(C</i>	(Zip Code)
	202
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg	istered Agent, if changing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	

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	PT John	n Doe	
•	-		
X Remove	<u>V</u> <u>Mik</u>	<u>te Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		Marie Rose Paul	1521 N.W. 182nd St.
X_ Add			Miani, FL 33169
Remove			
2) Change	_5_	Joanne Paul	1521 N.W. 182nd St.
Add			Miam, FL 33169
Remove Change			-
Add			
Remove			·
4) Change	<del></del>	4-78	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

(Amade additional above of	Articles, enter cha	nge(s) here:		
(Attach additional sheets, if necessar	y). (Be specific)			
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If an annual months and I are		•		
If an amendment provides for an eprovisions for implementing the	exchange, reclassif	ication, or cancell	ation of issued shar	res
(if not applicable, indicate N/A	imenument ii not i	contained in the a	menument usen:	
(5)	,			
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	, if other than
date this document was signed.	
Effective date <u>if applicable</u> :	
Effective date <u>if applicable</u> :	ifter amendment file date)
Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board o action was not required.	f directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vermust be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were suffi-	cient for approval
by(voting group)	
(voting group)	
Dated 6/7/2021 Signature	
Signature(By a director, president or other officer – if	
(By a director, president or other officer – if selected, by an incorporator – if in the hands	
appointed fiduciary by that fiduciary)	of a receiver, trusteet of other court
Josier Paul	
(Typed or printed name o	f person signing)
CEO/President	
(Title of person signing)	

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