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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: J& F CFL Services From DOCUMENT NUMBER: P14000044754 The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Torve S Name of Contact Person
JAF CFL Service & Inc
Firm/ Company
S9(8 Lyons St #0 Address Ovlando F(3280) City/ State and Zip Code
Address
Ovlando Fl 3280
Dud cs+41@ad.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Tomes at (301) 896-6414 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact I cison
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of	
T&E CFL Services Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P 14000044754	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	3 amendment(s) to
A. If amending name, enter the new name of the corporation:	
	_The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must coword "chartered," "professional association," or the abbreviation "P.A."	obreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· C.
· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent John Cyres	
5918 Lyons St#D	
(Florida street address)	
New Registered Office Address: OV Lande, Florida 3280 (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered 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:

 $P \approx President$; 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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smìth	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add	P	Jese Torres	5918 Lyons st #D Orlando F1 3880)
Remove 2) Change Add	P	John Torres	5918 Lyons St# (Oxlando F(380)
Remove 3) Change Add			
Add			
Change Add			
Remove Change Add Remove			

amending or addin ttach <i>additional shee</i>	ets, if necessary).	(Be specific)			
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an amendment prov	vides for an exch	ange, reclassifi	cation, or canc	ellation of issue	d shares,
rovisions for imple (if not applicable	nenting the ame , indicate N/A)	nament if not c	ontained in the	amendment its	eii:
				/18 P 14	
		w. e. t. e			
					
					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file days	
(no more than 90 days after amendment file da	te)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"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 action was not required.	i shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	reholder
Dated	
Signature / Color	
(By a director, president or other officer - if directors or officers have	
selected, by an incorporator – if in the hands of a receiver, trustee, cappointed fiduciary by that fiduciary)	or other court
John corres	2
(Typed or printed name of person signing)	l
Pres	
(Title of person signing)	