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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: JOSPI SERVICE:	S CORP				
DOCUMENT NUM	BER: P14000053269					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Raul Hernandez					
	Name of Contact Person					
	Twelve International Corp					
		Firm/ Company				
	7345 W Sand Lake Rd Suite 215					
	Address					
	Orlando, FL 32819					
	City/ State and Zip Code					
	12intercorp@gmail.com					
	E-mail address: (to be used for future annual report notification)					
For further information	on concerning this matter, pleas	se call:				
Raul Hernandez		at (356-5248			
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:			
■ \$35 Filing Fee	□\$43.75 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 Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JOSPI SERVICES CORP

(Name of Corporation as curre	ently filed with the Florida Dept. of State)	
P14000053269		
(Document Numbe	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis <i>Florida Profit Corporation</i> adopts the fo	ollowing amendment(s) t
A. If amending name, enter the new name of the corporation:	<u>.</u>	
	1./9	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.	A professional corporation name must	reviation "Corp.," contain the word
3. 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)	1/4	
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office address Name of New Registered Agent		
	,	
(Florida	street address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligations of the pos	2021 HAY - 7 PH
Signature of Mon	Registered Agent, if changing	— ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
· · ·	r Kegmereu Agent, y changing	: 0.7
Theck if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	1) (e), F.S.	7

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
i) Change	S	_	Andres Daniel Mendoza	2460 Avian Loop
X Add				KISSIMMEE, FL 34741
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)
	7.
	N/A
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	NIA
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareho action was not required.	older action and shareholder
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The followin must be separately provided for each voting group entitled to vote separately on the amendmen	
"The number of votes cast for the amendment(s) was/were sufficient for approval	7021
by" (voting group)	2021 HAY -7
05/01/2021 Dated	PH 2:
Signature (By a director, president or other officer – if directors or officers have reselected, by an incorporator – if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary)	not been
JOSSIE F MONTILLA	
(Typed or printed name of person signing)	
President	

(Title of person signing)