## P14DDD082100

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | ldress)            |             |
| (Cir                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | WAIT               | MAIL        |
| (Bu                     | siness Entity Nan  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |





000272353650

05/04/15--01002--001 \*\*52.50



Amend Mand 10 5/8/15

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | J&D TRAVEL SE  | RVICES CORP  |   |
|--|--|--|---|
| DOCUMENT NUM   | P14000082160<br>BER:                                       |  |   |
| The enclosed Articles  | s of Amendment and fee are su                              | bmitted for filing.  |   |
| Please return all corre  | espondence concerning this ma                              | tter to the following:   | •   |
|  | JOSE RODRIGUEZ   |  |   |
|  | J&D TRAVEL SERVICES C                                      | Name of Contact Person   | n   |
| ·  | 4260 NW 10 TERRACE   | Firm/ Company  | 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4   |
|  | OAKLAND PARK, FL, 333                                      | Address<br>09  |   |
|  |  | City/ State and Zip Cod  | e   |
| JOS  | E@JDSERVICESOLUTIONS                                       | .COM   |   |
| For further information  | E-mail address: (to be us on concerning this matter, pleas | sed for future annual report<br>se call:                           | notification)   |
| OSE RODRIGUEZ  |  | 305<br>at (  | 987 2468<br>  |
| Name   | of Contact Person  | Area Co  | de & Daytime Telephone Number   |
| inclosed is a check f  | 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 Tallahassee, FL 32314 |  | Ameno<br>Divisio<br>Cliftor  | Address  Idment Section on of Corporations of Building Executive Center Circle        |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

J&D TRAVEL SERVICES CORP

| ( <u>Name o</u>  | f Corporation as current              | y filed with the Florida Dept. of State)        |                         |
|--|---------------------------------------|---|-------------------------|
|  | (Document Number o                    | f Corporation (if known)                        |                         |
| Pursuant to the provisions of section 607. its Articles of Incorporation:  | 006, Florida Statutes, this           | Florida Profit Corporation adopts the following | llowing amendment(s) to |
| A. If amending name, enter the new na<br>J&D SERVICE SOLUTIONS CORP  | me of the corporation:                |   | The new                 |
| name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated to the contract of th | ation "Corp," "Inc," or '             | 'Co". A professional corporation name           | the abbreviation        |
| D. Enter new principal office address:   | f applicable.                         | 4260 NW 10 TERRACE.                             |                         |
| B. Enter new principal office address, in (Principal office address MUST BE A ST   |                                       | OAKLAND PARK, FL 33309                          | · .                     |
|  |                                       |   |                         |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |                                       | 4260 NW 10 TERRACE,                             | SECAL<br>SECAL          |
| (Maining damess <u>MITT DISTELLOOF</u>   | , , , , , , , , , , , , , , , , , , , | OAKLAND PARK, FL 33309                          | TO SEE                  |
|  |                                       |   |                         |
| D. If amending the registered agent and new registered agent and/or the new  |                                       |   | #: 04<br>#: 04          |
| Name of New Registered Agent   | N/A                                   |   | •                       |
| <u></u>  |                                       |   |                         |
|  | (Florida st                           | reet address)                                   |                         |
| New Registered Office Address:   | N/A                                   | , Florida                                       | <u> </u>                |
|  |                                       | (City)  | (Zip Code)              |
| New Registered Agent's Signature, if chareby accept the appointment as registed  |                                       |   | ition.                  |
|  | Signature of New I                    | 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 = 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:<br>X Change       | <u>PT</u>    | John De  | <u>oe</u>   |                                       |
|----------------------------|--------------|----------|-------------|---------------------------------------|
| X Remove                   | <u>v</u>     | Mike Jo  | <u>ones</u> |                                       |
| X Add                      | <u>sv</u>    | Sally Si | <u>nith</u> |                                       |
| Type of Action (Check One) | <u>Title</u> |          | Name        | <u>Addres</u> s                       |
| 1) Change                  |              | _        |             | -                                     |
| Add                        |              |          |             |                                       |
| Remove                     |              |          |             |                                       |
| 2) Change                  |              |          |             |                                       |
| Add                        | •            |          |             |                                       |
| Remove                     |              |          | •           | -                                     |
| 3) Change                  |              |          |             |                                       |
| Add                        |              |          |             | ·<br>                                 |
| Remove                     |              |          |             |                                       |
| 4) Change                  |              | _        |             |                                       |
| Add                        |              |          |             |                                       |
| Remove                     |              |          |             |                                       |
| 5) Change                  |              | _        |             |                                       |
| Add                        |              |          |             |                                       |
| Remove                     |              |          |             | AF BALL                               |
|                            |              |          |             |                                       |
| 6) Change                  |              | _        |             | · · · · · · · · · · · · · · · · · · · |
| Add                        | •            |          |             |                                       |
| Remove                     |              |          |             |                                       |

|   | ing additional Article eets, if necessary). | (Be specific)       | <del></del>       |                  |      |
|---|---|---------------------|-------------------|------------------|------|
|   |   |                     |                   |                  |      |
|   |   |                     |                   |                  |      |
|   |   |                     |                   |                  |      |
|   |   |                     |                   |                  |      |
|   |   |                     |                   |                  |      |
|   |   |                     |                   | -                | ·=·= |
|   |   |                     |                   |                  |      |
|   |   |                     |                   |                  |      |
|   |   |                     |                   |                  |      |
|   |   | <del></del>         | ·                 |                  |      |
|   |   |                     |                   |                  |      |
|   |   |                     |                   | ·····            |      |
|   |   |                     |                   |                  |      |
|   |   |                     |                   |                  |      |
|   |   |                     |                   |                  |      |
|   |   |                     |                   |                  |      |
|   |   |                     |                   |                  |      |
|   |   |                     |                   |                  |      |
|   |   |                     |                   |                  |      |
|   |   |                     | _                 |                  |      |
|   |   |                     |                   |                  |      |
| <del> </del>  |   |                     |                   |                  |      |
|   |   |                     |                   |                  |      |
|   | rovides for an eychai                       | nge reclassificatio | n or cancellation | of issued shares |      |
| an amendment o  | lementing the amend                         | dment if not contai | ned in the amend  | ment itself:     |      |
| <u>provisions for imp</u>                                   |   |                     |                   |                  |      |
| <u>provisions for imp</u>                                   | ole, indicate N/A)                          |                     |                   |                  |      |
| <u>provisions for imp</u>                                   | ole, indicate N/A)                          |                     |                   |                  |      |
| <u>provisions for imp</u>                                   | ole, indicate N/A)                          |                     |                   |                  |      |
| <u>provisions for imp</u>                                   | ole, indicate N/A)                          |                     |                   |                  |      |
| <u>provisions for imp</u>                                   | ole, indicate N/A)                          |                     |                   |                  |      |
| <u>provisions for imp</u>                                   | ole, indicate N/A)                          |                     |                   |                  |      |
| <u>provisions for imp</u>                                   | ole, indicate N/A)                          |                     |                   |                  |      |
| <u>provisions for imp</u>                                   | ole, indicate N/A)                          |                     |                   |                  |      |
| <u>provisions for imp</u>                                   | ole, indicate N/A)                          |                     |                   |                  |      |
| f an amendment pi<br>provisions for imp<br>(if not applicab | ole, indicate N/A)                          |                     |                   |                  |      |

| The date of each amendment                          | (s) adoption:, if other than the  |
|---|---|
| date this document was signed                       | 4/28/2015   |
| Effective date <u>if applicable</u> :               |   |
| Effective date <u>ir applicable</u> .               | (no more than 90 days after amendment file date)  |
|   | his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.  |
| Adoption of Amendment(s)                            | ( <u>CHECK ONE</u> )  |
| The amendment(s) was/wer by the shareholders was/we | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.  |
|   | e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):  |
| "The number of votes OWNER by                       | cast for the amendment(s) was/were sufficient for approval  |
|   | (voting group)  |
| ☐ The amendment(s) was/wet action was not required. | e adopted by the board of directors without shareholder action and shareholder  |
| ☐ The amendment(s) was/wer action was not required. | e adopted by the incorporators without shareholder action and shareholder   |
| 4/28/2  | 015   |
| DatedSignature                                      | - JAMV  |
| (B  | y a director president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
|   | JOSE RODRIGUEZ  |
| •   | (Typed or printed name of person signing)   |
|   | PRESIDENT   |
|   | (Title of person signing)   |

4/46/2013