P14000102405

(Re	questor's Name)	
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(Do	cument Number)	-
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: FOCUS LOGISTIC	C SERVICES INC	
	IBER: P14000102405		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	DANIEL MEDINA		
		Name of Contact Perso	DΠ
	FOCUS LOGISTIC SERVIC	ES INC	
		Firm/ Company	
	8230 SW 65 AVE #5		
		Address	
	South Miami, FL 33143		_
		City/ State and Zip Coo	de
	juan@rsvtax.com		
	E-mail address: (to be us	sed for future annual repor	t notification)
For further informati Daniel Medina	on concerning this matter, pleas		
		at () 212-2474
Namo	e of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Dep	partment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
An Di P.C	neiding Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amen Divisi The C 2415	dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FOCUS LOGISTIC SERVICES INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P14000102405	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
J.E.S. FAMILY CORP	_
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.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	2. 2.
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	(City) , Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
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)

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	<u>PT</u> <u>Joh</u>	in Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	<u>VP</u>	DANIEL E MEDINA QUIJADA	8230 SW 65 AVE
Add			APT 5
Remove			SOUTH MIAMI, FL 33143
2) Change	P	ANDREA MEDINA QUIJADA	8230 SW 65 AVE
XAdd			APT 5
Remove 3) Change	 -		SOUTH MIAMI, FL 33143
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	
	
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and and an and an analysis of issued shares, assification of issued shares. The new % of distribution of issued shares, follow
Andrea Medina Quijada	
	Vice President 49%
Daniel E Medina Quijada	
Daniel E Medina Quijada	
Daniel E Medina Quijada	
Janiel E Medina Quijada	

	. June 1st, 2020	
The date of each umendmen date this document was signed	t(s) adoption:	, if other than the
date this document was signed		
Effective date if applicable:	June 1st, 2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will rehe Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and sl	nareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
June 1 Dated	1st, 2020	
Signature	/	
SC	by a director, president or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	•
	Daniel E Medina Quijada	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	