P16000027991

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL MAIL
(Bu	ısiness Entity Nam	e)
(Do	ocument Number)	
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16 HAY 13 PH 1: 45

MAY 17 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: JAX MAINTENA	NCE & SERVICES INC			
	IBER: P16000027991				
	s of Amendment and fee are su	abmitted for filing.			
Please return all corr	espondence concerning this ma	atter to the following:			
	ILIA MATO				
		Name of Contact Perso	n		
	JAX MAINTENANCE & SERVICES INC				
	Firm/ Company				
	4002 AUGUSTINE GREEN CT				
	Address				
	JACKSONVILLE, FL 32257	7			
		City/ State and Zip Cod	e		
NAC	GDAY@AOL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	904	535-6260		
Name	of Contact Person	at ()de & Daytime Telephone Number		
	or the following amount made				
□ \$35 Filing Fee	S43.75 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)		
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amenc Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Rassee, FL 32301		

Articles of Amendment to Articles of Incorporation of



16 MAY 13 PM 1:45

JAX MAINTENANCE & SERVICES INC

(Name of Corporati	on as currently filed with the Florida Dept. of State)
P16000027991	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	The new corporation," "company," or "incorporated" or the abbreviation of "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	s:
(Principal office address <u>MUST BE A STREET AD</u> L	DRESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>
D. If amending the registered agent and/or register new registered agent and/or the new registered	office address:
Name of New Registered Agent	
The state of the s	
	(Florida street address)
New Product of Office Address	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Reg	
i nereoy accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sign	nature 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 = 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:		John Doo	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	DRITAN ZENILI	10876 SKYLARK ESTATE LN
Add			JACKSONVILLE, FL 32257
X Remove			
2) Change	•		
Add			
Remove		•	
3) Change	*****		
Add			-1-71
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change	···		
Add			
_ Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	·
,	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	adment if not contained in the amendment user.
	•

The date of each amendmen			, if other than the
date this document was signed	04012016	CHER	· Latin
Effective date <u>if applicable</u> :		DIVISIT	HAY CE SIME
	(no more than 90 day	ys after amendment file date)	1.
Note: If the date inserted in document's effective date on t	this block does not meet the applicable he Department of State's records.	statutory filing requirements, this date	13 PH 1: 46 e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/wei by the shareholders was/wei	re adopted by the shareholders. The numere sufficient for approval.	nber of votes east for the amendment(s)	
	re approved by the shareholders through ad for each voting group entitled to vote.		nt
"The number of votes	cast for the amendment(s) was/were suf	ficient for approval .	
by	(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)		
action was not required.	e adopted by the board of directors with		
The amendment(s) was/wer action was not required.	e adopted by the incorporators without s	hareholder action and shareholder	
05/09/	2016		
Dated	1/ 11		
Signature	Mant top		
•	y a director, president or other officer -		
	lected, by an incorporator – if in the han pointed fiduciary by that fiduciary)	ds of a receiver, trustee, or other court	
	ILIA MATO		
	(Typed or printed name	of person signing)	· · · · · · · · · · · · · · · · · · ·
	PRESIDENT		
	(Title of per	rson signing)	