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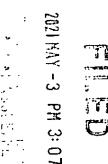


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JJ BATHTUB AN	D TILE REFINISHING CO	ORP	
DOCUMENT NUMB				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	oondence concerning this ma	tter to the following:		
	JAIME E	STRADA TOME		
-		Name of Contact Person	n	
	ЈЈ ВАТНТ	UB AND TILE REFINISH	IING CORP	
-		Firm/ Company		
		7110 WEST 3 AVE		
-4		Address		
	HIALE	AHFL 33014		
-		City/ State and Zip Cod	e	
į	aime871015@hotmail.es			
-	•	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
JAIME ESTRADA TO	ME	at (³⁰⁵) 548-9398 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Street Address Amendment Section		
	ion of Corporations	Division of Corporations		
	Box 6327		entre of Tallahassee	
Talla	hassee, FL 32314	2415 ñ	N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DATUTUD AND THE PERIMISHING CO

D BATHTUB AND TH	LE REFINISHING CORP	
(Name of Corporation as curre	ently filed with the Florida Dept. of State)	
P16000075258		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the fo	ollowing amendment(s) t
A. If amending name, enter the new name of the corporation:	<u>:</u>	
JJ MENTAL HEALTH SERVICES INC	_	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.,"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		221
		<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		ယ္ 🕶
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		
	CSS.	
Name of New Registered Agent		
(Florida	i street address)	
New Registered Office Address:	Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent. I am familia		ition.
Signature of Nov	v Registered Agent, if changing	
	s regulered agem, y enunging	
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)

Example:

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	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	dding additional Ar sheets, if necessary).	. (Be specific)			
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f an amendment	provides for an exc	hange, reclassific	ation, or cancellat	jon of issued shar	es,
	plementing the am	endment if not co	intained in the am	endment itself:	
provisions for in	uble, indicale N/A)				
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The date of each amendment(s) ado	ption: <u>4-29-2021</u>	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes east for t icient for approval.	he amendment(s)
	oved by the shareholders through voting groups. The fourth voting group entitled to vote separately on the ame.	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(10.11)	
Dated 4-99	mu.	
(By a dire selected,	etor, president or other officer – if directors or officers by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
_	Jaime Borada Tome (Typed or printed name of person signing)	
	(Typed or printed name of person signing) Pussident	
_	(Title of person signing)	