## P170000 22711

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## COVER LETTER

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: JF5	GENERAL SERVICES CORP					
DOCUMENT NUMBER: P170	0000 22711					
The enclosed Articles of Amendment and fee are	submitted for filing.					
Please return all correspondence concerning this	matter to the following:					
FARLEÏ	Name of Contact Person					
_ JFS GENERAL SERVICES CORP Firm/ Company						
1921 SW 1545+# 34						
DEERFIELD BEACH - FL - 334425 City/ State and Zip Code						
	City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, ple	ease call:					
FARLEI SILVEIR	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount mad	de payable to the Florida Department of State:					
☐ \$35 Filing Fee	Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address	Street Address					
Amendment Section Division of Corporations	Amendment Section					

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment

to

## Articles of Incorporation of

	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporatio	on adopts the follow	wing amendment(s) t
A. If amending name, enter the new name of the corporation	<u>n:</u>		
N/A			The new
name must be distinguishable and contain the word "corporation" lnc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered." "professional association," or the abbreviation "F	". A professional corporation		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/	A	~-3
	•		126
	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Musing unaress MAT BE A POST OF FREE BOX)		' Δ	
		7.)	<u> </u>
			<del></del>
D. If amending the registered agent and/or registered office		name of the	<b>~</b>
new registered agent and/or the new registered office add	<del>_</del> ·		
Name of New Registered Agent	NIA		
(Florid	la street address)		
New Registered Office Address:	J/ A	, Florida	
	(Ciṇ)	(2	lip Code)
New Registered Agent's Signature, if changing Registered A	gent:		
hereby accept the appointment as registered agent. I am famil		utions of the position	on.
$\nu_{I}$	A		
Signature of Ne	w Registered Agent, if changi	ing	<del></del>

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change	P	ELAINE VIEIRA	1921 SW 15= 5+
Add			APT 34 . DEERFIELD BEACH
X Remove			FLORIDA -33442
2) 📐 Change	P	FARLEI SILVEIRA	19013W15# 5
Add			APTBY-DEERFIELD DEACH
Remove 3) Change		NIA	FLORIDA- 33442
Add			
Remove			
4) Change		NIA	
Add			<del></del>
Rетюче			
5) Change		N/ A	
Add			
Remove			
6) Change		_ N/ A	
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)		
	NIA		
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			* ***
an amendment provides for an excl	ange, reclassification, or c	ancellation of issued shar	res,
rovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in	the amendment itself:	
····			
Id mas a ha	nge of a	share in	the won,
Farlie Silver	a has	200°/0 94	the pra
nd blaine	Juin Dimi	el be row	nove prox
acitoragroa	•		
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:date this document was signed.	JUNG	<u> 28</u>	<u> 2020</u>	, if other than the
Effective date if applicable:	UNE 28	ays after amer	ndment file date)	
Note: If the date inserted in this block does r document's effective date on the Department o		e statutory fil	ing requirements, t	his date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)			
The amendment(s) was/were adopted by the action was not required.	incorporators, or boar	rd of directors	without shareholde	er action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		imber of votes	cast for the amend	lment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the ame	endment(s) was/were s	ufficient for a	pproval	
by	+	-, · <del>-</del>	**	
(vo	ting group)			
selected, by an inco	sident or other officer - orporator - if in the ha	- if directors of	or officers have not ver, trustee, or othe	been er court
appointed fiductiar	•	,	•	
	ARLE 1 (Typed or printed named named) ARCS IDE (Title of person signing)	NT	CI PA gning)	