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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	JUAN SERVICES INC							
DOCUMENT NUMBER:	P17000069948							
The enclosed Articles of Amendme	t and fee are submitted for filing.							
Please return all correspondence co	cerning this matter to the following:							
	REBECA RIVERA ATILES							
	Name of Contact Person	•						
	Firm/ Company	-						
	5060 MILLENIA BLVD APT 201							
***************************************	Address	-						
	ORLANDO, FL 32839							
	City/ State and Zip Code	•						
E-mail	beckyatiles@gmail.com Idress: (to be used for future annual report notification)							
For further information concerning	nis matter, please call:							
REBECA RIVERA								
Name of Contact Pe	on Area Code & Daytime Telephone Numbe	Г						
Enclosed is a check for the following	amount made payable to the Florida Department of State:							
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ate of Status (Additional copy is cnclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)							
Mailing Address Amendment Sect	n Street Address Amendment Section	·, 						

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JUAN AUTO TRANSPORT INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000069948

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

JUAN SERVICES INC.			The ne
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or	orp," "Inc," or "Co". A professional cor,	orporated" or poration name	the abbreviation that the state of the state
. Enter new principal office address, if applica Principal office address MUST BE A STREET A			
			元 (元
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		WY -
			- F
			<u>ලැ. ශ</u>
. If amending the registered agent and/or reginew registered agent and/or the new register		name of the	2.F
	· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent			<u></u>
Name of New Registered Agent	(Florida street address)		
Name of New Registered Agent New Registered Office Address:	(Florida street address)	Florida	
			(Zıp Coder
New Registered Office Address:	(Florida street address) (City)		Zip Coder
New Registered Office Address: ew Registered Agent's Signature, if changing	(Florida street address) (City) Registered Agent:	Florida	,
	(Florida street address) (City) Registered Agent:	Florida	,

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>	John De	<u>oe</u>	
	X Remove	<u>V</u>	Mike Jo	ones .	
,	<u>X</u> Add	<u>sv</u>	Sally Si	<u>mith</u>	
	Type of Action (Check One)	Title		Name	Address
	1) Change		_		<u> </u>
	Add				
	Remove				
_	2) Change		_		
	Add				
	Remove				
	3)Change		_		
	Add				
	Remove				
	4) Change		···		
	Add				
,	Remove				
	5) Change		_		
	Add				
	Remove				
	6) Change	<u>,,</u>			
	Add				
	Remove				

		essary). (Be specij	· •		
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			·····		
lf an amend	Iment provides for	an exchange, recla	ssification, or ca	ncellation of issued s	hares,
(if not a	applicable, indicate	<u>tne amenament it n</u> c N/A)	iot contained in t	he amendment itself	<u>:</u>
()	7,7	,			
				···································	
				1	**
				1,1,1	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 04-27-2018	
Signature Referen River Ala	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
REBECA RIVERA ATILES	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	