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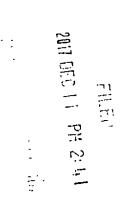
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JACOB & PONCI	E ENTERPRISES INC			
DOCUMENT NUMB	P17000085152				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
	JAIME GUZMAN				
_		Name of Contact Person	1		
	BROTHERS MULTISERVICIOS INC				
-		Firm/ Company			
:	2821 SOUTHWEST 119TH	WAY			
-		Address			
	MIRAMAR, FLORIDA 330	25			
•	<u> </u>	City/ State and Zip Cod	e		
вкот	HERSMULTISERVICIOS@	@GMAIL.COM			
.	É-mail address: (to be u	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
NELSON SERVELLO	N	at (752-0825		
Name o	f Contact Person		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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FH.60

2017 DEC | | PH 2: 41

JACOB & PONCE ENTERPRISES INC (Name of Corporation as currently filed with the Florida Dept. of State) P17000085152 (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: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	S	_	NELSON E SERVELLON	1615 SW 5TH COURT
X Add				HOMESTEAD, FL
Remove				33030
2) Change		<u> </u>		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
AMEND PURPOSE OF ORGANIZATION	N TO "ANY AND ALL LAWFULL BUSINESS"
	
	
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
	

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 document's effective date on the E	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	oproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were accation was not required.	dopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
12/1/2017 Dated		
Signature	Jose L ponce	
select	director, president or other officer – if directors or officers have not been led, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	JOSE PONCE	
	(Typed or printed name of person signing)	· • • • • • • • • • • • • • • • • • • •
	PRESIDENT	
	(Title of person signing)	