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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JJ CONNECTION	S SERVICES INC	
DOCUMENT NUMI	0.000000000000		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	LAZARO A PEREZ		
	,	Name of Contact Person	1
	PRESIDENT		
		Firm/ Company	
	1226 NW 12TH ST		
	AAA	Address	
	CAPE CORAL FL 33993		
		City/ State and Zip Code	2
MAR	ГАТТ69@ҮАНОО.СОМ		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
LAZARO A PEREZ		at (<u>239</u>	910-7557 _)
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Ame Div P.O	eling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisic Clifion	Address Iment Section In of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

JJ CONNECTIONS SERVICES INC		77/7/2011 10 000	
(<u>Name</u>	of Corporation as currer	itly filed with the Florida Dept. of State) 18 PH 4: 50	
P18000079079			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:		
		The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1226 NW 12TH ST	
		CAPE CORAL FL 33993	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1650 W 56 ST # APT 316 A	
	 	HIALEAH FL 33012	
D. If amending the registered agent ar	nd/or registered office ad	dress in Florida, enter the name of the	
new registered agent and/or the ne			
Name of New Registered Agent	LAZARO A PEREZ		
	1226 NW 12TH ST		
	(Florida :	street address)	
New Registered Office Address:	CAPE CORAL FL	Florida 33996	
ren regimereu office ridarem.		(City) (Zip Code)	
Non-Decisional Laurence Simulation of the	handa Dadamad Assa		
New Registered Agent's Signature, if c I hereby accept the appointment as regis.		r 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> <u>John</u>	<u>ı Doe</u>			
X Remove	<u>V</u> <u>Mik</u>	Mike Jones			
X Add	<u>SV</u> <u>Sally</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	treasurer	SHEILY CASTILLO SUAREZ	1226 NW 12TH ST		
X Add			CAPE CORAL FL 33993		
Remove			Mark 1		
2) Change	treasurei	FREDI DURAN	24231 SW 130th ave		
Add			homestead fl 33032		
X Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
O Chara					
6) Change					
Add					
Remove					

	(Be specific)
·	
	
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f an amendment provides for an eyel	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	11/15/ 2019	
	doption:	, it other than the
date this document was signed.		
11/ Effective date if applicable:	15/2019	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statemen reach voting group entitled to vote separately on the amendmentts):	t
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
11/15/201 Dated		
selecti	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	LAZARO A PEREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	