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#### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: JAX SOLAR CONTRACTORS, INC.  DOCUMENT NUMBER: P 900002417.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Francisco X. Acevedo Name of Contact Person  JAX SOLAR CONTRACTORS, INC  Firm/ Company  19101 Mystic Point & Dr. Apt 911  Address  Aventura FL 33180  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

TO: Amendment Section

Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$**43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

#### **Mailing Address**

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

#### Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### Articles of Amendment Articles of Incorporation

## JAX SOLAR CONTRACTORS, INC (Name of Corporation as corrently filed with the Florida Dept. of State) FIPG 0000 0P19

(Document Number of Corporation (if known)

t(s) to

A. If amending name, enter the new name of	/ 1		The ne
name must be distinguishable and contain the wa "Inc" or Co.," or the designation "Corp." "chartered," "professional association," or the	"Inc." or "Co". A	ompany," or "incorpor professional corpora	rated" or the abbreviation "Corp., tion name must contain the wor
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>	licable: TADDRESS )	_N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		_N/A_	
	_		
			he name of the
). If amending the registered agent and/or r new registered agent and/or the new regis Name of New Registered Agent	stered office address:		he name of the
new registered agent and/or the new regis	N/A		
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new registered agent and/or the new regis	Stered office address:  N/f  (Florida stro	vet address) (City)	, Fłorida(Zip Code)
new registered agent and/or the new regis  Name of New Registered Agent  New Registered Office Address:  New Registered Agent's Signature, if changing the hereby accept the appointment as registered agent.	(Florida street)  (General Street)	vet address) (City)	Florida Florida (Zip Code)  igations of the position.

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	DIR	Juana Martinez	19101 Mystic Pointe Dr.
Add		:	Apt. 911
Remove			Aventura, FL 33180
2) Change	DIR	Juanita Acevedo	19101 Mystic Pointe Dr
<u>-</u> > Add			Apt. 911
Remove 3 ) Change			Aventura, FL 33180
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		:	
6) Change	<del></del>		<u> </u>
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, proxisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/4)	/ X	ets, if necessary). (1	s, enter change(s) her Be specific)			
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The date of each amendment(s) adoption: _	01-01-2021	, it other than the
date this document was signed.		
Effective date if applicable:	01-01-00-1	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, of State's records.	this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes east for the amenor approval.	dment(s)
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Signature (	~	
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Fra	ncisco Xavier Acevedo (Typed or printed name of person signing)	
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