(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JUBILEE BUSINES	S ALLIACNE	INC		To the second se
				Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File
				RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status
Signature Requested by: Seth	08/01/19			Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Vehicle Search Driving Record UCC 1 or 3 File
Name	Date	Time		UCC Search
Walk-In	Will Pick Up			Courier

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TO: Amendment Section
Division of Corporations

2019 AUG - 1 PM 4: 27

SECRETARY OF STAFO. TALLAHASSEE: PLORID;

NAME OF CORPOR	AATION: JUBILEE BUSINE	ESS ALLIANCE INC	/A! 	LAHASSE -
DOCUMENT NUME	BER: P19000015155			_
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	MINAZ ISANI			
		Name of Contact Person		
		Firm/ Company		
	1049 WHITGATE CT			
		Address		
	SARASOTA FL 34232			
		City/ State and Zip Code		
HAR	SHA.TAS@GMAIL.COM			
	E-mail address: (to be us	ed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	e call:		
MINAZ ISANI		at (<u>813</u>	783-4786	
Name	of Contact Person	Area Code & Daytime Telephone Nu		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:	
□ \$35 Filing Fee	S43.75 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)	
Am Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address Iment Section on of Corporations Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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TO: Amendment Section Division of Corporations 209 AUG - 1 PM 4: 27

NAME OF CORPORA	ATION:	ESS ALLIANCE INC	ALCANASSE
DOCUMENT NUMBI			
The enclosed Articles of			
Please return all corresp	ondence concerning this mat	ter to the following:	
Ŋ	MINAZ ISANI		
-		Name of Contact Person	1
-		Firm/ Company	
1	049 WHITGATE CT		
-		Address	
S	SARASOTA FL 34232		
_		City/ State and Zip Cod	e
HARS	HA.TAS@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
MINAZ ISANI		at (783-4786
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 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 Divis P.O.	ing Address Industrial industria	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



to

JUBILEE BUSINESS ALLIANCE INC

2019 AUG - 1 PM 4: 27

(Name of Corporation as curren	tly filed with the Florida Dept. of State) STATE
P19000015155	TALEAHASSEE FLORID
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6212 S TAMIAMI TRAIL.
(Principal office address MUST BE A STREET ADDRESS)	SARASOTA
	FL 34231
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida .	street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Signature of Man	Pagistared 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	Y	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	IMTYAZ ISANI	544 GROVE CREEK CT SW
<u>₩</u> Add				LILBURN
Remove				GA 30047
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_ 		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Art (Attach additional sheets, if necessary).	icles, enter change(s) he (Be specific)	ere:		
				
			<u> </u>	
		······································		
			<u> </u>	
		<u> </u>		
If an amendment provides for an exc	hange, reclassification,	or cancellation of iss	ued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not containe	d in the amendment	<u>itself:</u>	
			. •	
				
				<u> </u>

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
(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 not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)
☐ 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.
07/31/2019 Dated
Signature YM
(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)
MINAZ ISANI
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)