P19000017571

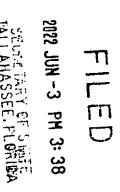
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JDJC SERVICES	CORP	·
DOCUMENT NUM	P19000017571	···	
The enclosed Articles	s of Amendment and fee are su	abmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	JESSICA RODRIGUEZ		
		Name of Contact Perso	n
	JOJC Services		
	9709 SANCTUARY SQ DR	Firm/ Company	
		Address	
	ORLANDO, FL 3282	Address	
		City/ State and Zip Cod	ů.
	jdaniela.rodrigueza@gmail.c	om	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Jessica Rodriguez		at (728 88 67
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

IDIC	SERVICES	CORP
31/3		CANAL

JDJC SERVICES CORP				
P19000017571	of Corporation as curre	ntly filed with the Florida	Dept. of State)	
	(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, th	is <i>Florida Profit Corporati</i> o	on adopts the following	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,	Corp." "Inc," or "Co".	A professional corporation	ted" or the abbreviatio on name must contain	on "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S		N/A		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	TALLAHASSEE	F [
D. If amending the registered agent ar new registered agent and/or the new			name of the	3 38
<u>Name of New Registered Agent</u>				
	(Florida .	street address)		
New Registered Office Address:	N/A	(City)	, Florida(Zip C	odu.
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Age tered agent. I am familia	nt:		anacy
<u> </u>	Signature of New	Registered Agent, if changi	ing	
Check if applicable ☐ The amendment(s) is/are being filed p				

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	FAJARDO RODRIGUEZ, JUAN C	14146 SWANLEY ST
Add			ORLANDO, FL 32832
X Remove			
2) Change			
Add			-
Remove 3) Change			
Add			AHA
Remove			SSEE S
4) Change			The second second
Add			38
Remove			- <u> </u>
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional she	ng additional Articles, enter change(s) here: ets. if necessary). (Be specific)	
N/A		
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		= 23
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		LAIN
		
		SS
		ANASSEE, FLOR
		
		美 亚
		TO THE STATE OF TH
F. If an amendment pro	ovides for an exchange, reclassification, or canc	ellation of issued shares,
provisions for imple	ementing the amendment if not contained in the	e amendment itself:
(if not applicable	?, indicate N/A)	
N/A		
·		
		

05/16/2022 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 incorporators, or board of directors without shareholder action and shareholder action was not required. 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 (voting group) 05/16/2022 Dated Signature (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) (Typed or printed name of person signing)

(Title of person signing)