## P19000020505

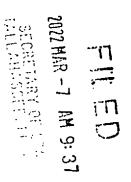
(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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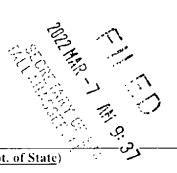
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: AJ WALLS INC		
	1BER: P19000020505		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	ADRIAN PAREDES		
		Name of Contact Person	1
	AJ WALLS INC		
		Firm/ Company	
	10890 QUAIL ROOST DRIV	VE BAY 40	
		Address	
	CUTLER BAY, FL. 33157		
		City/ State and Zip Code	<u> </u>
	AJWALLSINC@GMAIL.CO	)M	
	~	sed for future annual report	notification)
For further informati	on concerning this matter, pleases	se call: at (	972-2994
	e of Contact Person		)
	for the following amount made		,
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.0	ailing Address nendment Section vision of Corporations D. Box 6327	Amend Divisio The C	Address iment Section on of Corporations entre of Tallahassee
Ta	llahassee, FL 32314	2415 î	N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



AJ WALLS INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)			
P19000020505				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
	The new			
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word			
B. Enter new principal office address, if applicable:	10890 QUAIL ROOST DR.			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	CUTLER BAY, FL. 33157			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10890 QUAIL ROOST DR			
	CUTLER RIDGE, FL. 33157			
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address				
(Florida s	treet address)			
New Registered Office Address:	Florida			
New Registered Office Address.	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agent				
I hereby accept the appointment as registered agent. I am familian	with and accept the omigations of the position.			
Signature of New	Registered Agent, if changing			
	er Sammer (South Assumed)			
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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.

X Change	$\underline{PT}$	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	ES	GILMA RUIZ	13501 SW 128TH STREET
Add			SUITE 107
XX Remove			MIAMI, FL. 33186
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
P.amaya			

tach <i>addi</i>	g o <mark>r adding add</mark> tional sheets, if i	ecessary). (	Be specific)				
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n amen	dment provides	for an exchat	ige, reclassif	īcation, or ca	ncellation of iss	ued shares,	
ovisions (if not	for implementi applicable, indic	ng the amend rate N/A)	<u>ment if not</u>	<u>contained in (</u>	he amendment	itself:	
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02/05/2022	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
02/05/2022	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	tion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	u(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state noist be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
02/05/2022	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co-appointed fiduciary by that fiduciary)	
ADRIAN PAREDES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	