P19 0000 20505

(R	equestor's Name)	 -
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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2022 JUL 18 PH 5: 39

OCT 1 7 2022 S. PRATHER

COVER LETTER

TO: Amendment Section

Division of Corporations			•
NAME OF CORPORATION	S:		·
	19000020505		
The enclosed Articles of Amer	idment and fee are su	bmitted for filing.	
Please return all corresponden	ce concerning this ma	tter to the following:	
Adrian	Paredes		
		Name of Contact Person	1
AJ Wal	ls Inc		
		Firm/ Company	-
10753 5	SW 104th Street		
	<u> </u>	Address	
Miami,	FL. 33176		
		City/ State and Zip Code	e
ajwalls:	inc@gmail.com		
•		sed for future annual report	notification)
For further information concer	ming this matter, plea	se call:	
Adrian Paredes		at (900-5676
Name of Conta	ct Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made	payable to the Florida Depa	artment of State:
•	843.75 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)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	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

AJ Walls, Inc		- -		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	35.5		
P19000020505		127		
(Document Number	of Corporation (if known)	70		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the follow	wing amendme		
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 con	ation "Corp.," stain the word		
B. Enter new principal office address, if applicable:	10753 SW 104th Street			
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL. 33176			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10753 SW 104th Street			
	Miami, FL. 33176			
D. If amending the registered agent and/or registered office ad-				
Name of New Registered Agent				
	treet address)			
New Registered Office Address:	(City) , Florida	Lip Code)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		111		
т негеоў ассері іне арронішені аз гезімегей адені. Тат запачаг	with and accept the obligations of the position			
	Registered Agent, if changing			
Signature of New	Registered Agent, if changing			

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove]	/
2) Change			/
Add			
Remove 3) Change		- A	7
Add			
Remove			
4) Change			_ \
Add			
Remove		· / /	
5) Change		_ /	
Add		/	
Remove	/		
6) Change			
Add			
Remove			

tach additional sheets, ij	Iditional Articles, enter f necessary). (Be speci	ific)			
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n amendment provide	es for an exchange, recl ting the amendment if	assification, or cance	ellation of issued sl	<u>iares,</u>	
oyisions for implemen if not applicable, ind	iting the amendment it licate N/A)	not contained in the	amendment itself:		
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	06/22/2022	_, if other than the
The date of each amendment(s) at date this document was signed.	loption:	_, if other than the
05/0	1/2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will a partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were ado by the shareholders was/were su		2022
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval (voting group)	2022 JUL 18 PH 5: 39
"The number of votes cast	for the amendment(s) was/were sufficient for approval	. в Э
by		- cs
	(voting group)	: 39
05/01/2022 Dated		
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	-
	Adrian Paredes	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	