P19000045481

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JAMLAR SERVIC	CES INC	. <u></u>
	ER: P19000045481		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Picase return all corres	pondence concerning this ma	tter to the following:	
	YERMY MONTESDEOCA		
•	ITA SOLUTIONS CORP	Name of Contact Persor	1
		Firm/ Company	
	4987 N UNIVERSITY DR S	UITE 27	
•		Address	
	LAUDERHILL, FL 33351		
		City/ State and Zip Code	2
dm@i	tasolutions.co		V
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
YERMY MONTESDI	EOCA	954 at (572-5919
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a cheek for	r 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)	Certificate of Status
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations i Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DAMI	ΛR	SERVICES	INC

(Name of Cornoration	on accurrently f	filed with the Florida Dept. of State	·		
P19000045481	on as cuit chity	inca with the Florida Dept. Wi Chare	,		
	nent Number of C	Corporation (if known)			·
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Fl	orida Profit Corporation adopts the f	ollowing	amendr	nent(s
A. If amending name, enter the new name of the co	orporation:				
				The no	env
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	, " "Inc." or "Ce	". A professional corporation nam	r the abl e must co	reviati mtain t	on he
B. Enter new principal office address, if applicable	·•		S	20	
(Principal office address MUST BE A STREET ADE			2.5	ر ار وا	.=-15-4 -
				\frac{\frac}\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	ا 14 امامیس سوری
					_ 12.22
C. Enter new mailing address, if applicable:			100 C	PX	13
(Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)			ــننـــ	_ \
				្ច	 -
					-
D. If amending the registered agent and/or register new registered agent and/or the new registered		ss in Florida, enter the name of the			
Name of New Registered Agent					
, -					
	(Florida stree	t address)			
New Registered Office Address:		, Florida_			
	((Tity)	(Zip Co	ode)	_
New Registered Agent's Signature, if changing Reg	gistered Agent:	et and a comment of the entire of the ex-			
I hereby accept the appointment as registered agent.	1 am Jamiliar wi	ін апа ассері іне обиданоп <i>s ој t</i> не ро	жиот.		
	nature of New Reg	gistered 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) X Change	VP.S	ALEXANDRA LARA	9430 LIVE OAK PL #202
Add	·		DAVIE, FL 33324
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional s	ding additional Art sheets, if necessary).	(Be specific)				
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an amendment	provides for an exc aplementing the am	<u>hange, reclassif</u> endment if not c	<u>ication, or cance</u> contained in the	amendment itse	i snares, if:	
(if not applic	able, indicate N/A)					
						
 -						
				-		

	n:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date ent of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendment(s) t for approval.	
	by the shareholders through voting groups. The following statemen potting group entitled to vote separately on the amendment(s):	11
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	·"	
,	(voting group)	
☐ The amendment(s) was/were adopted b action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and shareholder	
06/10/2019		
Dated		
(By a director selected, by a	r, president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	
ALEJ	ANDRO MELO	
~	(Typed or printed name of person signing)	
PRES	IDENT	
	(Title of person signing)	<u>-</u>