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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:KJDC SERVICES	S, CORP			
DOCUMENT NUM	BER: P19000053291				
The enclosed Articles	s of Amendment and fee are su	abmitted for fil	ing.		
Please return all corre	espondence concerning this ma	tter to the follo	owing:		
	GLAUCIA BASTOS				
		Name of C	ontact Persor	1	
	THE TRUST CIRCLE SER	RVICES, LLC			
		Firm/ (Company		
	1001 EAST SAMPLE ROA	AD 10E	,		
	-	Ad	dress		
	POMPANO BEACH FLOR	RIDA 33064			
		City/ State	and Zip Cod	e ———	
ATE	NDIMENTO@THETRUSTO	ORLCLE.INF	0		
	E-mail address: (to be us	sed for future a	innual report	notification)	
For further information	on concerning this matter, pleas	se call:			
GLAUCIA BASTOS			954	8647884	
Name		·	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the	Florida Depa	artment of State:	
	_		-	_	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fi Certified (Additional enclosed)	Copy d copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Street	<u>Address</u>	
Am		Amendment Section			
Div P.C	Division of Corporations				
Tal	Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

KJDC SERVICES, CORP

(Name of Corporation as curr	ently filed with the Florida Dept	. of State)
P19000053291		
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this <i>Florida Profit Corporation</i> ac	lopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>:</u>	
		The new
name must be distinguishable and contain the word "corpor" Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbreviation	or "Co". A professional corpore	orated" or the abbreviation ution name must contain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		- - 3 6 6
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SE T
		
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		ne of the
	1655.	*
Name of New Registered Agent		
(identify)	la street address)	. =
	a street daaress)	
New Registered Office Address:	(City)	, Florida (Zip Code)
	•	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili		e of the position
т петену ассерь тье арранитет ах гедімегей адеті. Тат запа.	iar with and accept the obligation.	s of the position.
Signature of Ne	w Registered 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	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) Change	VP		Edilamar Nunes da Costa	265 NE 46th Street	
X Add		_		Pompano Beach, FI 33064	
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

	il sheets, if necessary).	(Be specific)			
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f an amendme	it provides for an exch	ange, reclassificat	ion, or cancellation	of issued shares.	
provisions for	implementing the ame	ndment if not cont	ained in the amend	ment itself:	
(if not app	icable, indicate N/A)				
					

The date of each amendment(s) adoption:	than the
ffective date if applicable: (no more than 90 days after amendment file date)	
Tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ocument's effective date on the Department of State's records.	d as the
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)	
(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.	
09/03/2019	
Signature (Ity 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)	
Karina N Jeveaux	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	