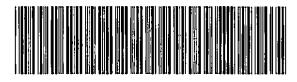
P19 000074008

(Requestor's Name)	
(Address)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: JACOB TILE SEI	RVICES III, INC			
DOCUMENT NUN	D10000074000	., ,_			
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.			
Please return all cor	respondence concerning this ma	itter to the following:			
	YENI ALVAREZ				
		Name of Contact Person	1		
	JACOB TILE SERVICES III	I, INC			
		Firm/ Company			
	2104 E 10TH ST				
		Address			
	LEHIGH ACRES FL 33936				
		City/ State and Zip Cod	e		
	YENISAALVAREZ@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informat	ion concerning this matter, pleas	se call:	2451439		
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State;		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JACOB TILE SERVICES III, INC		
(Name of Corporation	as currently filed with the F	lorida Dept. of State)
P19000074008		
(Documer	nt Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Con	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:	
		The new
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc.," or chartered," "professional association," or the abbrevia	or "Co". A professional con	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>PESS</u>)	?? ?
		بن
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		::
	*****	<u> </u>
	····	<u> </u>
D. If amending the registered agent and/or registered	d office address in Klarida, on	iter the name of the
new registered agent and/or the new registered of		ter the name of the
Name of New Registered Agent		
	<u></u>	
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		a obligations of the position
r nereny accept the appointment as registered agent. To	ин затишт жин ана ассері інс	e obligations by the position.
Signatu	ire 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 = Chie, 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 De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Treasu	re r	GEILY MANUEL GIL	2104 E 10TH ST
X Add		_		LEHIGH ACRES FL 33936
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessar	Articles, enter change(s) here: ry). (Be specific)	
		
		
 ;		
		
		
If an amendment provides for an e	exchange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A	amendment if not contained in the amendment itself:	
(y, p	,	
 _		

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (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, the document's effective date on the Department of State's records.	is date will not be listed as t
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.	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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)	
10/07/2020	
Dated	
Signature Vani Aluarea.	
(By a director, president or other officer – if directors or officers have not b selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
YENI ALVAREZ	
(Typed or printed name of person signing)	<u>. </u>
PRESIDENT	
(Title of person signing)	