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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORP | ORATION: JCE SERVICES OF | F FLORIDA INC | | | | |
|--|---|--|---|--|--|--|
| DOCUMENT NU | P20000007002 | | | | | |
| The enclosed Artic | les of Amendment and fee are sub | omitted for filing. | | | | |
| Please return all co | rrespondence concerning this mate | ter to the following: | | | | |
| | Jose Caride | | | | | |
| | | Name of Contact Person | 1 | | | |
| | JCE SERVICES OF FLORIDA INC | | | | | |
| | Firm/ Company | | | | | |
| | JCE SERVICES OF FLORID | - | | | | |
| | 1731/01L-E. R.D.'. C. ' | Address | | | | |
| | 17210 Helen K Drive, Spring Hill. Florida 34610 | | | | | |
| | | City/ State and Zip Code | • | | | |
| | caridej@yahoo.com | | | | | |
| | 1:-mail address; (10 be use | ed for future annual report | notification) | | | |
| For further informa | tion concerning this matter, please | e call: | | | | |
| Jose Caride | | at (813 | 239-4086 | | | |
| Nan | ne of Contact Person | Area Coo | le & Daytime Telephone Number | | | |
| Enclosed is a check | for the following amount made p | ayable to the Florida Depa | rtment of State.) | | | |
| S35 Filing Fee | IS43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | |
| $\begin{pmatrix} & & \overline{A} \\ & & D \\ & & P \end{pmatrix}$ | Lailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314 | Amend Divisio The Cc 2415 N | Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssec, F1, 32303 | | | |

Articles of Amendment to Articles of Incorporation

| JCE SERVICES OF FLORIDA INC | | |
|--|---------------------------------------|-----------------------------|
| | rently filed with the Florida Dept. o | of State) |
| P2000007902 | | |
| (Document Numb | per of Corporation (if known) | |
| ursuant to the provisions of section 607,1006. Florida Statutes, s Articles of Incorporation: | this Florida Profit Corporation adop | ots the following amendment |
| . If amending name, enter the new name of the corporation N/A | <u>n:</u> | The new |
| me must be distinguishable and contain the word "corporation lne.," or Co.," or the designation "Corp," "Inc," or "Co chartered," "professional association," or the abbreviation "F | ". A professional corporation num | |
| 5. Enter new principal office address, if applicable; Principal office address <u>MUST BE A STREET ADDRESS</u>) | N/A | |
| | | ~3 |
| Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | N/A | of c |
| | | |
| . If amending the registered agent and/or registered office new registered agent and/or the new registered office add | | of the |
| Name of New Registered Agent N/A | | |
| - Al-Laurie | la street address) | |
| NIA | | |
| Now Registered Office Address: 17(1) | | lorida |
| New Registered Office Address: N/A Sew Registered Agent's Signature, if changing Registered Agent's Company Registered Agent's Signature, if changing Regis | (City) gent: | (Zip Code) |
| hereby accept the appointment as registered agent. I am famil | | · |
| Signature of Ne | | |
| Signature of Ne | w Registered Agent, if changing | |
| heck 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 | <u>PT</u> | John Doc | |
|-------------------------------|-----------|--------------------|----------------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1)Change | V | Theodore J. Nemetz | 17210 Helen K Drive |
| X Add | - | - | Spring Hill, Florida 34610 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3.) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 51 Change | | | |
| Add | | | |
| Remove | | | - |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding | additional Artic | les, enter chang | <u>e(s) hçre</u> : | | | |
|--|---------------------------------|---------------------------------------|--------------------|-------------------|-------|--|
| (Attach additional sheets | | | | | | |
| N/A | | | | | | |
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| . If an amendment provi | des for an excha- | nge, reclassifica | tion, or cancella | tion of issued sb | ares. | |
| provisions for impleme (if not applicable, i. | nting the amend adicate N/A) | ament if not con | itamed in the an | nenoment usen: | | |
| N/A | | | | | | |
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| | 12/14/2020 | |
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| The date of each amendment(s) addate this document was signed. | option: | , if other than the |
| | 4/2020 | |
| Effective date <u>if applicable</u> : | (no more than 90 da | vs after amendment file date) |
| Note: If the date inserted in this blacement's effective date on the Dep | | statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were ado action was not required. | oted by the incorporators, or board | I of directors without shareholder action and shareholder |
| LI The amendment(s) was/were adop by the shareholders was/were sul | | nber of votes cast for the amendment(s) |
| ☐ The amendment(s) was/were appromust be separately provided for e | | voting groups. The following statement separately on the amendment(s): |
| "The number of votes east t | or the amendment(s) was/were su | fficient for approval |
| bv | | |
| . — | (voting group) | |
| 12/14/2020 | | |
| Dated | | -/ |
| Signature (1) o di colored appointe | oter, president or officer afficer - by an incorporator - if in the har d fiduciary by that fiduciary) | if directors or officers have not been ands of a receiver, trustee, or other court |
| , | lose Caride | |
| - | (Typed or printed name | of person signing) |
| | President | |

(Title of person signing)