Florida Department of State

Division of Corporations

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Division of Corporations

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From:

Account Name : AVA FINANCIAL CONSULTANTS INC

Account Number: 120170000094 Phone: (954)842-1979 Fax Number: (954)905-4315

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: avesta rusa @ gmail.com

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COR AMND/RESTATE/CORRECT OR O/D RESIGN JALAN SERVICES INC

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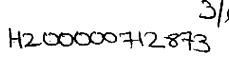
TO: Amendment Section Division of Corporations

4200000712843

NAME OF CORPORATIO	N:	INC	
DOCUMENT NUMBER:	20000017551	<u> </u>	<u> </u>
The enclosed Articles of Amu		mitted for filing.	
Please return all corresponde	nce concerning this matt	er to the following:	
YASE	N M. ABDALLAH AW	AD ·	
		Name of Contact Person	
JALA	N SERVICES INC		
· 		Firm/ Company	
4170	NVERRARY DR, #403	•	
		Address	
LAUI	DERHILL, FL 33319		
•		City/ State and Zip Code	
avestr	.usa@gmail.com		·
- 	-mail address: (to be us	ed for future annual report	notification)
For further information conc			672-9862
Name of Cor		at (561	le & Daytime Telephone Number
Enclosed is a check for the f		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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division o P.O. Box	nt Section of Corporations	Amend Division The C 2415)	Address Iment Section on of Corporations ontre of Tallahassee N. Monroe Street, Suite 810

Articles of Amendment to

Articles of Incorporation



JALAN SERVICES INC			
(Name of	Corporation as current	ly filed with the Florida De	pt. of State)
P20000017551			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment
A. If amending name, enter the new name	me of the corporation:		
N/A			The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Co" chartered, ""professional association,"	orp," "Inc," or "Co".	A professional corporation	l" or the abbreviation "Corp." name must contain the word
·		N/A	
B. Enter new principal office address, i (Principal office address MUST BE A ST	REET ADDRESS)		
•			
C. Enter new mailing address, if appli- (Mailing address MAY BE A POST C	cable: OFFICE BOX	N/A	
			<u> </u>
	•		22
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the t	
new registered agent and/or the nev	y registered office addre	s <u>s:</u> ddle Name: M. Last Name: A	
Name of New Registered Agent	First Name: XASIN MI	dole Maine, M. Last Maine.	
•	4170 INVERRARY DR	#403	
	(Florida :	strees address)	ا ي الم
New Registered Office Address:	LAUDERHULL		, Florida
New Meritine of the free real		(City)	(Zip Code)
•			
New Registered Agent's Signature, if a I hereby accept the appointment as regis	hanging Registered Age tered agent. I am familia	nt: r with and accept the obligat	tions of the position.
1	Ugin A		
		Registered Agent, if change	ng

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

H200000 712872 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: John Doe PT X Change Mike Jones X Remove ٧ SVSally Smith X Add <u>Address</u> Type of Action Title Name (Check One) 4170 INVERRARY DR #403 First Name: YASIN MiddleName:M **PDTS** 1) X Change LAST NAME ! LAUDERHILL, FL 33319 _Add CAWA HAJJACGE Remove Change _ Add Remove 3) ____ Change Add _ Remove Change __ Add __ Remove Change Add Remove 6) ____ Change _ Add ___Remove * Note: Prenter names exactly as provided in the form.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

(Attach additional sheets, if necessary). (Be specific)	\supset	\circ	<i>ما</i>	
(Attach additional sheets, if necessary). (Be specific) $H200007(2.87)$	5			
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	STATE			
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The date of each amendment(s) adop	March 3, 2020	H200000712	-873	if other	than the
late this document was signed.					1
Effective date <u>if applicable</u> :					6/6
	(no more than 90) days after amendment file date)			,
Note: If the date inserted in this block document's effective date on the Depar	k does not meet the application of State's records.	able statutory filing requirements, this d	ate will no	t be list	ed as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were adopte action was not required.	d by the incorporators, or b	ooard of directors without shareholder act	ion and sha	archolde	ī
The amendment(s) was/were adopted by the shareholders was/were suffice.	d by the shareholders. The cient for approval.	number of votes cast for the amendment	(s)		
☐ The amendment(s) was/were approx must be separately provided for each	ved by the shareholders thro ch voting group entitled to	ough voting groups. The following staten vote separately on the amendment(s):	nent Zz.	2(
"The number of votes cast for	the amendment(s) was/we	re sufficient for approval) X 5	71
by	(voting group)			ယ်	
MARCH 3, 20	020		; ; ;	AM 9:	T.
Dated Signature	sur MAAn	, al		27	
(By a dire- selected, l	ctor, president or other offic by an incorporator — if in th fiduciary by that fiduciary	cer – if directors or officers have not been the hands of a receiver, trustee, or other co)	n urt		
. Y	ASIN M. ABDALLAH AV	WAD			_
_	(Typed or printed	name of person signing)			
P	RESIDENT				_
• –	(Title of person si	gning)			