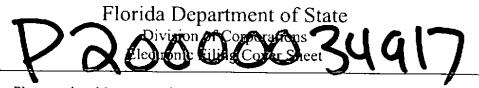
9/14/21, 10:42 AM

11:55 AM

TO:18506176381 FROM:3215598192

Division of Corporations



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(((H21000339668 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111

Phone : (407)800-7028

Fax Number

: (407)992-9407

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

_ Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN JPRIME TOTAL SERVICES, CORP

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COVER LETTER

TO: Amendment Section Division of Corporation	
NAME OF CORPOR	ATION:
DOCUMENT NUMB	
The enclosed Articles of	f Amendment and fee are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
ň	Maria C Sousa
_	Name of Contact Person
S	Sousa & Associates Inc
-	Firm/ Company
5	5728 Major Blvd, Ste 309
	Address
(Orlando, FL, 32819
-	City/ State and Zip Code
i	nfo@sousanassociates.com
-	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Maria C Sousa	at (407 800-7028
Name of	Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

Page; 09/16/2021 11:55 AM

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

TO:18506176381 FROM:3215598192

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Articles of Amendment to Articles of Incorporation of

JPRIME TOTAL SERVICES, CORP			
(Name	of Corporation as currently	filed with the Florida Dept.	of State)
P20000034917			
	(Document Number of	Corporation (if known)	-
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,	Corp." "Inc." or "Co". A		
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	OFFICE BOX) nd/or registered office addr		2021 SEP 16 AH 8: 53 SECTION NOT STATE THE OF the me of
нате от нек кеуметей идет	5728 Major Blvd Ste 309		
	(Florida stre	et address)	
New Registered Office Address:	Orlando 32819	Florida 32819	
New Registered Office Address.		'Cìṇ)	(Zip Code)
New Registered Agent's Signature, if of I hereby accept the appointment as regis	tered agent. I am familiar u		of the position.
Check if applicable	Digitaline system to	arrangemy y command	

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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)

Example:

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.

\underline{X} Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Director	Cazassa, Jessica Zacarkim	4169 North Dixie HWY
Add			Deerfield Beach, FL 33064
X Remove	P	Rosa, Diogo	829 Lake Evalyn Drive
2) Change X Add		· · · · · · · · · · · · · · · · · · ·	Celebration, FL, 34747
Remove 3) X Change	VP	Da Silva, Franciele J	1001 East Sample Road 9E
Add			Pompano Beach, FL 33064
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

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	ts, if necessary). (b	se specific)			
					
·					
<u>, </u>		<u> </u>			
<u> </u>					
	 -				
ovisions for impler	vides for an exchang menting the amendn	<u>te, reclassification</u> nent if not contair	<u>, or cancellation o</u> ied in the amendr	of issued shares, nent itself:	
(if not applicable,	indicate N/A)				
					_
				7,	
_					

09/16/2021 11:55 AM TO:18506176381 FROM:3215598192 H21000339668 3 The date of each amendment(s) adoption: _______, if other than the date this document was signed. Effective date if applicable: (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, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ■ 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 JPRIME TOTAL SERVICES, CORP (voting group) August 30, 2021 Dated_ Signature <u>Juomciule</u> 7 da Silva

(By 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

(Typed or printed name of person signing)

(Title of person signing)

appointed fiduciary by that fiduciary)

Franciele J Da Silva

President