Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000265416 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052 Phone : (305)591-9180 : (305)591-9167 Fax Number

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

Email Address:info@jelenaccounting.com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN J & J ALL DELIVERY CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Y SULHER

DocuSign Envelope ID. 6A57E8CE-DC33-4F80-9734-EAC729A80416

Check if applicable

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

Articles of Amendment to Articles of Incorporation

(Name of	Corporation as curren	tly filed with the Florida Dept. of Stat	<u>e</u> )		
P20000041722					
	(Document Number	of Corporation (if known)	_		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporation adopts the	following amendment(s)		
A. If amending name, enter the new na	me of the corporation:				
			The new		
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co "chartered," "professional association," (	orp," "Inc," or "Co".	A professional corporation name mu.			
Enter new principal office address, if applicable:		70 LYNNER ST			
(Principal office address MUST BE AST		LEHIGH ACRES, FL 33936			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		70 LYNNER ST	20 🕸		
	_	LEHIGH ACRES, FL 33936	(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		
			77 (A)		
D. If amending the registered agent and new registered agent and/or the new					
Name of New Registered Agent			in E		
	70 LYNNER ST		<del></del>		
•	(Florida s	street address)			
	LEHIGH ACRES				
New Registered Office Address:	LEHIGH ACRES	, Florida	33936		

DocuSign Envelope ID: 6A57E8CE-DC33-4F80-9734-EAC729A80416

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) X Change	P	SANTOS MORERA, Y	AISEL	70 LYNNER ST
Add				LEHIGH ACRES, FL 33936
Remove				
2) Change				·
Add				
Remove 3) Change				
Add				
Remove				·
4) Change				·
Add				
Remove				
5) Change				•
Add				
Remove				
6) Change		. <u> </u>		
Add				
Pamoua				

08/06/20 06:09AM PDT JELEN ACCOUNTING SERVICES -> Division of Corporations 850617638 0com Pg 4/5

DocuSign Envelope ID: 6A57E8CE-DC33-4F80-9734-EAC729A80416

<u>If amending or adding addition</u> Attach <i>additional sheets, if nec</i>	essary). (Be	specific)				
					•	
						··-
					•	
·						
<del></del> .					.=	
					·	
- ·		_				
			50 at			
f an amendment provides for provisions for implementing	r an exchange the amendm	ent if not cont	on, or cancellat cined in the arm	on of issued st endment itself:	nares,	
(if not applicable, indicat	e N/A)	200, 12 1001 1001			•	
<u> </u>						
						<u>.                                    </u>
			<del></del> _			

the

the

DocuSign Envelope ID. 6A57E8CE-DC33-4F80-9734-EAC729A80416

The date of each amendment(s) ac	doption:	, if other than
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 b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action	and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
Ъу	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
Signature	Occuping by:	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	YAISEL SANTOS MORERA	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	