P21000029555

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: AJ BEST QUALIT	TY CORP		
	1BER: P21000029555			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	JHON RODRIGUEZ			
		Name of Contact Person	<u> </u>	
	JIREH MULTISERVICES LLC			
		Firm/ Company		
	3095 S MILITARY TRAIL STE 4			
	LAKE WORTH FL 33463	Address		
	LAND WORTH PL 33403		<u> </u>	
		City/ State and Zip Cod	e	
	jirehmulti@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information of the second	ion concerning this matter, please	se call:at (561	574 9110	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made			
\$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)	
Mailing Address			Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee F1. 32314		2415 N. Monroe Street, Suita 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

AJ BEST QUALITY CORP			
(Name	of Corporation as currently filed with	the Florida Dept. of State)	-
P21000029555			
	(Document Number of Corporati	on (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this Florida Pro	ofit Corporation adopts the following	g amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cotartered," "professional association,"	Torp," "Inc," or "Co". A professio	or "incorporated" or the abbreviational corporation name must contain	_The new on "Corp.," or the word
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S</u>		1021	
			-3 ::
			~~~
C. Enter new mailing address, if applicable:			2 PiN/2: 3
(Mailing address MAY BE A POST	<u>OFFICE BOX</u> )		
		<del></del>	, ,
			نی
D. If amending the registered agent ar	d/ou unistand -fC dd	: I	
new registered agent and/or the ne	w registered office address:	toa, enter the name of the	
Name of New Registered Agent	JIREH MULTISERVICES LLC		
Mane of their registered rigen	3095 S MILITARY TRAIL STE 4		•
	(Florida street address)		•
New Registered Office Address:	LAKE WORTH	33463	
	(City)	, Florida	inde)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent:	cent the abligations of the position	
The appointment to regard	erea agent. I am janimar nim tina at	t tprinte in againms by the position.	
	Mr.		
,	The same of the sa		-
	Signature of New Registered A	gent, if changing	
Check if applicable	/		

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

Example:

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>	<u>Name</u>	<u>Addres</u> s	
1) X Change	<b>!</b>	Juan F Rivera	3700 SW 40TH St	
Add			West Park, FL 33023	
Remove				
2) Change	VP	Fredy Adolfo Rivera Delgado	1755 NE 184 St Apt 225	
X Add			North Miami Beach FL 33162	
Remove 3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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rovisions for impl	ementing the amor	ange, reclassificatio idment if not contai	nod in the emend-	nont itself:	
(if not applicable	le, indicate N/A)	GIRTIN II NOL CONTAI	nea in the amenda	aent ușen:	
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The date of each amendment(s) ad	10/15/2021 option:	, if other than the
date this document was signed.	5/2021	
Effective date <u>if applicable</u> :	02021	
	(no more than 90 days after amendment j	file date)
<b>Note:</b> If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requestment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors withou	at shareholder action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast fo fficient for approval.	or the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	l
by	(voting group)	
	(voting group)	
Dated	10/06/21	
selected	rector, president or other officer – if directors or office, by an incorporator – if in the hands of a receiver, trued fiduciary by that fiduciary)	ers have not been stee, or other court
_	(Typed or printed name of person signing)	Rivera
	Provident	
	(Title of person signing)	