P21000041182

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
		
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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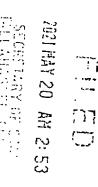
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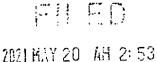
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: JMJ Allied Service	s, Inc			
	IBER: P21000041182				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corn	espondence concerning this ma	tter to the following:			
	William J Ralph				
	Name of Contact Person				
	JMJ Allied Services, Inc				
		Firm/ Company	<u> </u>		
	51 SW 11th St #1332				
	Address				
	Miami, Florda 33130				
	City/ State and Zip Code				
	wralph@brllp.com				
		ed for future annual report	notification)		
For further informati William J. Ralph	on concerning this matter, pleas		, 513-6400		
Name of Contact Person		at (at Co) 513-6400 de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made p				
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



JMJ Allied Services, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P21000041182 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 51 SW 11th St #1332, Miami, Fl 33130 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 51 SW 11th St #1332, Miami, Fl 33130 (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) 51 SW 11th St #1332 Miami , Florida 33130 New Registered Office Address: (City)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

Add

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:	., 667114 17641	ny Smith, Dr us un nuu.	
X Change	PT	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>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			

(Atta	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
N/A	The second of th
-	
E Ifan	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself:
-	(if not applicable, indicate N/A)
N/A	

The date of each amendment(s) ado	ption:	, 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 blo document's effective date on the Department.	ek does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without shareholder a	iction and shareholder
■ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendme icient for approval.	ent(s)
	oved by the shareholders through voting groups. The following state ach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
May 18, 2021 Dated Signature (By a dire	ctor, president of other officer – if directors or officers have not be	
appointed	by an incorporator – if in the hands of a receiver, trustee, or other of fiduciary by that fiduciary)	ourt
W	Tilliam J. Ralph	
_	(Typed or printed name of person signing)	
Pr	resident	
-	(Title of person signing)	