P21000068637

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: S & J 28 SERVICE	E INC	
DOCUMENT NUMB		<u> </u>	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	ondence concerning this ma	tter to the following:	
;	SUNYING NIEVES MUNO.	Z	
-	Surjenil	Name of Contact Person	1
-		Firm/ Company	
	10794 NW 76 LN		
-		Address	
:	MEDLEY,FL,33178		
-		City/ State and Zip Cod	е
-	E-mail address: (to be us	sed for future annual report	notification)
For further information SUNYING NIEVES M	concerning this matter, pleas		798-7185
Name of Contact Person		at (Area Co	
	the following amount made		
S35 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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment Articles of Incorporation

to

S & J 28 SERVICE INC				
(<u>Name</u>	of Corporation as cur	rrently filed with the	Florida Dept, of State)	
P21000068637				
	(Document Num	ber of Corporation (if	known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes,	, this <i>Florida Profit Co</i>	orporation adopts the following	g amendment(s)
A. If amending name, enter the new n	ame of the corporatio	on:		
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc." or "Co	o". A professional co		on "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>			ECRETAL PLUA	
D. If amending the registered agent an new registered agent and/or the new			175	8 17
Name of New Registered Agent	SUNYING NIEVES	MUNOZ		
mine of New Registered Agent	10794 NW 76 LN			
	(Florie	da street address)		
New Registered Office Address:	MEDLEY		Florida 33178	
Egg Essant on office function.		(City)	(Zip C	Code)

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: X Change <u>PT</u> John Doe X Remove $\underline{\mathbf{V}}$ Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) SUNYING NIEVES MUNOZ 1) X Change 10794 NW 76 LN MEDLEY,FL,33178 ___ Add Remove 2) ____ Change ____ Add Remove 3) ____ Change Add ___ Remove 4) ____ Change ____ Add Remove 5) ____ Change ____ Add Remove 6) ____ Change

amending or adding additional Arti	(Re specific)
mach adamonal sneets, y necessary).	(be specific)
	
·dan and muscides for an arch	hance reclassification or concellation of issued charge
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s) a	07/28/2021 doption: if other than
date this document was signed.	doption.
_	28/2021
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by SUNYING NIEVES I	(voting group)
	(coung group)
07/30/202	
Dated	
/	great the same of
	lirector, president or other officer – if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court
appoir	ated fiduciary by that fiduciary)
	SUNYING NIEVES MUNOZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)