## P22 00000 2931

(R€	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	<u></u>
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SECRETAIN OF STATE
TALLAHASSEE, FL

Cf 2/17/2022

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Jems   Document number: P22000	Hilities Inc
The enclosed Articles of Amendment and fee are submitted	for filing
•	
Please return all correspondence concerning this matter to the	ic tonowing.
BOKY SHYN Nam	Clemons  de of Contact Person
, ,	Firm/Company B. Dwns Blud 86 #772 Address
Tampa, Pl. 3	State and Zip Code
E-mail address: (to be used for f	https://com uture annual report notification)
For further information concerning this matter, please call:	
Bekyshyn. Clemons Name of Contact Person	at (813) 363-6570  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable	to the Florida Department of State:
Certificate of Status Cer (Add	3.75 Filing Fee & S52.50 Filing Fee rified Copy ditional copy is closed)
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to
Articles of Incorporation
of

FILED

Clems () tilitie	g Inc	2022 FFR -7 AM 9	· 25
. (Name of Co	orporation as currently	filed with the Florida Dept. of State)	· <del>30</del>
D12 000007931		SECRETARY OF ST TALLAHASSES.	TATE
	(Document Number of		F-L-
Pursuant to the provisions of section 607.1000 its Articles of Incorporation:	6, Florida Statutes, this F	Florida Profit Corporation adopts the following a	amendment(s) to
A. If amending name, enter the new name	of the corporation:		
Clems Manager	nent To		The new
name must be distinguishable and contain the	word "corporation," "co," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation professional corporation name must contain	"Corp.,"
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		11/14	<del></del>
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF		- NA	
D. If amending the registered agent and/or new registered agent and/or the new res		ess in Florida, enter the name of the	
Name of New Registered Agent		113	
	(Florida stre	et address)	
New Registered Office Address:		, Florida	
	(	City) (Zip Coo	de)
New Registered Agent's Signature, if change I hereby accept the appointment as registered		ith and accept the obligations of the position.	
	Signature of New Re	gistered Agent, if changing	

Check if applicable

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

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 Doc	
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			NK
Add			
Remove			
2) Change		<u> </u>	
Add			<del></del>
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ittach additional sheet	s, if necessary). (Be specifi	c)		
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			n at the state of the	
an amendment prov provisions for impler	vides for an exchange, reclass menting the amendment if no	ot contained in the	nation of issued sna amendment itself:	res,
(if not applicable,	indicate N/A) .			
	NIA			
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The date of each amendment(s) add	option:	, 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 Dep	ock does not meet the applicable statutory filing requirements, thartment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	sted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes east for the amend ficient for approval.	ment(s)
	oved by the shareholders through voting groups. The following stach voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	."	
,	(voting group)	
selected.	ector, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or othe d fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	<u>lemons</u>
_	CEO	
	(Title of person signing)	