## P220000 14935

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: JP MULTISERVIC	E INC	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JESUS MOREIRA		
		Name of Contact Persor	1
	JP MULTISERVICE INC		
		Firm/ Company	
	6206 TRAVIS BLVD		
	· · · · · ·	Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	TAMPA FL 33610		
		City/ State and Zip Code	2
	JPMULTISERVICEINC@G	MAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call: at ( <u>813</u>	8603577
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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 Iment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810

Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2023

JESUS MOREIRA 6206 TRAVIS BOULEVARD TAMPA, FL 33610

SUBJECT: JP MULTISERVICE INC Ref. Number: P22000014935

We have received your document for JP MULTISERVICE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

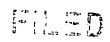
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

FIE C T 7 7 7 7 1

Letter Number: 223A00003615



## Articles of Amendment to Articles of Incorporation of

2023 MAR -2 AM 7: 45

TALL MINGSCIE F. F. Bled with the Florida Dept. of State)  orporation (if known)  orida Profit Corporation adopts the following amendment(state)
orporation (if known)
orida Profit Corporation adopts the following amendment(
The new
npany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
<del></del>
s in Florida, enter the name of the
address)
. Florida

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)

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change	VP	JUAN PEREZ	13709 N 20TH ST APT A
Add			TAMPA FL 33613
X Remove			
2) Change		_	<del></del>
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change		<del>-</del>	
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here:  (Be specific)	
****		
177110-67		<del></del> -
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	h carrier de la company	
provisions for implementing the amo	nange, reclassification, or cancellation on the amendment if not contained in the amendment.	ent itself:
(if not applicable, indicate N/A)		

	11/14/22	To the order of the
the date of each amendment(s) at date this document was signed.	10pt10n:	, if other than the
Effective date if applicable:		
	(no more than 90 day	vs after amendment file date)
Note: If the date inserted in this b document's effective date on the De		statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board	I of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su		mber of votes cast for the amendment(s)
	proved by the shareholders through each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were su	fficient for approval
by	(voting group)	·"
11/16/22 Dated Signature		_
(By a di selecter		if directors or officers have not been ands of a receiver, trustee, or other court
	JESUS MOREIRA	
	(Typed or printed name	e of person signing)
	PRESIDENT AND TREASURER	₹ (Р.Т)

(Title of person signing)