## P22000019136

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: JL MULTISERVIO	CE SOLUTIONS CORP	<u>.                                    </u>		
	1BER: P22000019136				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	JAIRO ALCANTARA				
	Name of Contact Person				
	JL MULTISERVICE SOLUTIONS CORP				
		Firm/ Company			
	8990 TAFT STREET				
		Address	<u>.                                    </u>		
	PEMBROKE PINES, FL 330	024			
		City/ State and Zip Code			
	jairo12-21@hotmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	ion concerning this matter, pleas	se call:			
JAIRO ALCANTARA		954 at (	_) 5342992		
Name	e of Contact Person		de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
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)		
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

## JL MULTISERVICE SOLUTIONS CORP

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P22000019136		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the folk	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must co	nation Corp., ontain the word
B. Enter new principal office address, if applicable:	8990 TAFT STREET	
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES, FL 33024	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8990 TAFT STREET	<u>~a</u>
	PEMBROKE PINES, FL 33024	799 t
		1
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the	, .3 ~
new registered agent and/or the new registered office addres		:
Name of New Registered Agent		2:
		9
(Florida s	treet address)	
No. Books and Office Alleger	. Florida	
New Registered Office Address:	,,,	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar		ion
Thereisy wellegt the appointment as registered agent. Tum jaminar	with and decept the bongations by the positi	
		<del></del>
Signature of New	Registered 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 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) Change			
Add			
Remove			
2) Change			
Add			, n n n n
Remove Change			
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4) Change			
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04/30/2022		
n:		, if other than the
2		
(no more than 90 days after a	amendment file date)	
oes not meet the applicable statutor ent of State's records.	ry filing requirements, this date w	vill not be listed as the
(CHECK ONE)		
y the incorporators, or board of direc	etors without shareholder action a	nd shareholder
by the shareholders. The number of value for approval.	votes cast for the amendment(s)	
•	- ·	
amendment(s) was/were sufficient f	for approval	
	**	77
(voting group)	·	
		•
Wilconteria -		
, president or other officer - if direct	tors or officers have not been receiver, trustee, or other court	10
O ALCANTARA		
(Typed or printed name of person	son signing)	
IDENT		
	(no more than 90 days after the sent of State's records.  (CHECK ONE)  y the incorporators, or board of directly the shareholders. The number of the for approval.  by the shareholders through voting orting group entitled to vote separate amendment(s) was/were sufficient  (voting group)  (voting group)  president or other officer – if directly incorporator – if in the hands of a aciary by that fiduciary)  ALCANTARA  (Typed or printed name of pers	(no more than 90 days after amendment file date)  best not meet the applicable statutory filing requirements, this date went of State's records.  (CHECK ONE)  y the incorporators, or board of directors without shareholder action a sy the shareholders. The number of votes cast for the amendment(s) to approval.  by the shareholders through voting groups. The following statement outing group entitled to vote separately on the amendment(s):  amendment(s) was/were sufficient for approval  (voting group)  (voting group)  ALCANTARA  (Typed or printed name of person signing)

(Title of person signing)