P22000026045

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bi	usiness Entity Nar	me)	
(Dx	ocument Number))	
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

TO: Amendment Sec Division of Corp			•		
NAME OF CODDO	RATION:	C			
	P22000026045				
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.			
Please return all corre	espondence concerning this mat	ter to the following:			
	GUTIERREZ JUAN C				
		Name of Contact Person	-		
	JFLM SERVICE INC				
	Firm/ Company				
	PO BOX 450243				
		Address			
	KISSIMMEE, FL 34743				
	_	City/ State and Zip Code			
	JUANK3876@HOTMAIL.Co	OM			
	E-mail address: (to be us	ed for future annual report	notification)		
For further informati	on concerning this matter, pleas	e call:			
GUTIERREZ JUAN	C	at (7463657		
Name	of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check t	for the following amount made	payable to the Florida Depa	rtment 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)		
Ar Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

FII	ED
2022 JUN 10	AM 0
ent of State)	0.56

LM SERVICE INC	TO AM O. B.		
(Name of Corporation as current)	ly filed with the Florida Dept of State) AM 8: 56		
12000026045			
	(Document Number of Corporation (if known)		
`	·		
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s		
If amending name, enter the new name of the corporation:			
	The new		
ime 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 contain the word		
Enter new principal office address, if applicable:	503 FLORIDA PKWY		
Principal office address MUST BE A STREET ADDRESS)	450243		
	KISSIMMEE, FL 34743		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	503 FLORIDA PKWY		
	450243		
	KISSIMMEE, FL 34743		
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	dress in Florida, enter the name of the		
Name of New Registered Agent	<u> </u>		
	reet address)		
New Registered Office Address:	rect address)		

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.

<u>X</u> Change	<u>PT</u>	John Doe	2	
X Remove	<u>V</u>	Mike Jor	<u>ies</u>	
X Add	<u>sv</u>	Sally Sm	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	g additional Articles, if necessary).	(Be specific)				
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	<u>ovides for an excha</u>	inge, reclassific	ation, or cancella	ation of issued s	snares,	
an amendment pro		dment if not co	ntained in the at	<u>nendment itsel</u>	<u>1:</u>	
provisions for imple	menting the amen	dineng it not to				
an amendment pro provisions for imple (if not applicable	ementing the amen ≥, indicate N/A)	<u>aneny n nov vo</u>				
provisions for imple	menting the amen or indicate N/A)	<u>ameni n noce</u>				
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
Enecure date in application.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amen sufficient for approval.	dment(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment(statement s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(Many 8 mp)	
Dated 6	. 1.2022	
Signature		
(By a selec	director, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or ot	ner court
	inted fiduciary by that fiduciary)	
	GUTIERREZ JUAN C	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	