P22000026615

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(Requestor's Name)	
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(City/State/Zip/Phone #)	_
(Business Entity Name)	_
(Business Entry Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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NAME OF CORPORATION: <u>*HLL RESOURCES*</u> JCSJS CORP DOCUMENT NUMBER: P22000026615 DOCUMENT NUMBER:

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BOHORQUEZ VALENCIA Name of Contact Person Firm/ Company 1/348 SW 2332 57 Address Address <u>IESTEAD</u> FL 33032 City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOHORQUEZ NALENCIA at (_____) Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 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)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of
ALL IN RESOURCES JCSJS CORP (Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State)
P 22000026615
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

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•,

			_The _nev
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp."			
"chartered," "professional association," or the			2022 1
B. Enter new principal office address, if appli	icable:		
(Principal office address <u>MUST BE A STREET</u>			
			1
			<u> </u>
			<u></u>
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE</u>		÷.	2
	<u>E BOX</u>)		<u></u>
		-	\Box
			
D. If a more diameter and for an			
		he name of the	
D. If amending the registered agent and/or re new registered agent and/or the new regist		he name of the	
new registered agent and/or the new regist		<u>he name of the</u>	
		<u>he name of the</u>	
new registered agent and/or the new regist		<u>he name of the</u>	
new registered agent and/or the new regist		<u>he name of the</u>	
	tered office address:	<u>he name of the</u>	-

<u>New Registered Agent's Signature, if changing Registered Agent:</u> *Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 V Mike Jones <u>SV</u> <u>X</u> Add Sally Smith Type of Action Title <u>Name</u> Address (Check One) 11248 SW 2 BOHORQUEZ VALENCIA JUAN C YR I) ____ Change OHESTEAD ____ Add 🗙 Remove SEIBASTIAN 922 11348 SW 2) ____ Change _X_ Add ____ Remove 3.) ____ Change ____ Add Remove BELATRE B W 460 4) ____ Change VEHBROKE-_X____Add 330; ____ Remove 5) ____ Change ف ____ Add ž Remove بج \sim 6) ____ Change ____ Add ____ Remove

E. If amending or adding additional Articles, enter change(s) here:					
(Attach additional sheets, if necessary).	(Be specific)				

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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: ______, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

X The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

□ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	1 6666
 The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): 	6- 1. 3 H 6616
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	5:
(voting group)	20
Dated <u>4/30/22</u> Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) TONY ABATEAN	
(Typed or printed name of person signing)	
NP	
(Title of person signing)	