| 9/19/24, 10:25 A | Florida Department of State Division of Corporations Electronic Filing Cover Sheet |
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| | Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. |
| | (((H24000319201 3))) |
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| | Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. |
| | To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : WF TAXES AND MORE INC. |
| | Account Number : 120200000043 Phone : (772)879-0010 Fax Number : (772)281-5520 |
| | **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address: WF + GXCS · Office & GmGil. Com Fride Com |
| | COR AMND/RESTATE/CORRECT OR O/D RESIGN |
| DULISEP 19 PH 3: 3 | CJG SERVICES FL INC Certificate of Status 1 Certified Copy 0 Page Count 06 Estimated Charge \$43.75 |
| | Estimated Charge \$43.75 |
| | Electronic Filing Menu Corporate Filing Menu Help |

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COVER LETTER

TO: Amendment Section Division of Corporations

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| NAME OF CORPO | DRATION: CJG SERVICES F | LINC | | | |
|--|--|---|---|---------------|-----------------------|
| DOCUMENT NUM | BER: P22000034127 | | 1 | | |
| | s of Amendment and fee are su | bmitted for filing. | ł | | |
| Please return all correspondence concerning this matter | | tter to the following: | i | | |
| | CHRIS N MERCADO | | , | | |
| | <u>.</u> | Name of Contact Person | D | <u> </u> | |
| | CJG SERVICES FL INC | | - | | |
| | | Firm/ Company | | | |
| | 2430 SW WEBSTERN LN | | t | | |
| | | Address | 1 | | |
| | PORT ST. LUCIE, FL 34953 | ····· | 1 | - N | |
| | | City/ State and Zip Code | c | 1024 | |
| | WFTAXES.OFFICE@GMA | IL.COM | ł | 2024 SEP | |
| | E-mail address: (to be us | sed for future annual report | notification) | A | المطاعدين مطالبوري |
| | | - | · · · | SVHV 5 | - |
| For further information | on concerning this matter, plea | se call: | l | | |
| CHRIS N MERCADO | | at (| 259-0744 | 2:10 E. FL | |
| Name of Contact Person | | Area Co | de & Daytime Telephone Num | | |
| Enclosed is a check | for the following amount made | payable to the Florida Dep | artment of State: | | |
| S35 Filing Fee | S43.75 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 Tallahassee, FL 32314 | | Amend Divisio The C 2415 J | Address Iment Section on of Corporations Sentre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 | v | |

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as c | currently filed with the Fi | lorida Dept. of State) | | |
|---|--|--------------------------------|----------------|-------------------|
| P22000034127 | ! | | | |
| (Document No | umber of Corporation (if k | nown) | <u> </u> | |
| Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation: | tes, this Florida Profit Col | poration adopts the followi | ng amendan | ent(s) |
| A. If amending name, enter the new name of the corpora | tion: | | | |
| Transcroung basic, enter the new pane of the corpora | | | | |
| name must be distinguishable and contain the word "corporat | tion " "company " or "ino | amorated" or the abbraviati | <u> </u> | |
| "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation | Co". A professional cor | | | |
| B. <u>Enter new principal office address, if applicable;</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> | i) | | <u> </u> | |
| | | | <u>_</u> | |
| C. <u>Enter new mailing address, if applicable:</u> (Mailing address MAY BE A POST OFFICE BOX) | | TA | 2024 (| |
| (manned Elite Elite Sur | i | | , Éb | t t |
| | <u> </u> | | 9 | 40454.2 1982.4 |
| | | | | |
| D. If amending the registered agent and/or registered off | | | i T | \bigcirc |
| new registered agent and/or the new registered office a | address: | | · | |
| Name of New Registered Agent | | ۰۰ <u>۰</u> | · | |
| (171) | lorida street address) | | | |
| ia r | () () () () () () () () () () | | | |
| | | , Florida(Zip | Code) | |
| New Registered Office Address: | ICID/E I | | | |
| New Registered Office Address: | (City) | | | |
| | | | | |
| New Registered Agent's Signature, if changing Registered | d Agent: | e abligations of the position | | |
| New Registered Agent's Signature, if changing Registered | d Agent: | e obligations of the position. | | |
| New Registered Agent's Signature, if changing Registered | d Agent: | e obligations of the position. | | |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo | d Agent: amiliar with and accept the | | | |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo | d Agent: | | | |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo Signature of Check if applicable | <u>d Agent:</u> amiliar with and accept the f New Registered Agent, if | | | |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo Signature of Check if applicable | <u>d Agent:</u> amiliar with and accept the f New Registered Agent, if | | | |
| <u>New Registered Agent's Signature, if changing Registered</u> I hereby accept the appointment as registered agent. I am fo | <u>d Agent:</u> amiliar with and accept the f New Registered Agent, if | | | |

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

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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 | 1 | |
|--------------------------------------|-------------------|-------------------|---|----------|
| XRemove | ¥ | Mike Jones | | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | | |
| <u>Type of Action</u> (Check One) | <u>Title</u> | Name | <u>Addres</u> s | |
| 1) Change | VP | GERALDINE MERCADO | 2430 SW WEBSTER LN | |
| X Add | | | PORT SAINT LUCIE, FL 34953 | |
| Remove | _ | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
| 2) Change | T | JOEL CHAPEL | 1499 RUNNING OAK LN S Royal Palm Beach, FE 33411 | |
| XAdd | | | | 1 |
| 3) Remove | | | HA 9 | <u>п</u> |
| Add | | | | |
| Кетоvе | | | | |
| 4) Change | ۱ ۰۰۰۰ | | | |
| Add | | | • | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | 1 | |
| 6) Change | <u></u> | | , | |
| Add | | | | |
| Кеточе | | | | |
| | | | | |

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

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F. 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)

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| 09/16/2024 | | |
|--|--|-------------------------|
| The date of each amendment(s) adoption: | ····· | , if other than the |
| Effective date if applicable: | | |
| (no more the | an 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's record | pplicable statutory filing requirements, this date wilds. | Il not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | , | |
| The amendment(s) was/were adopted by the incorporators, action was not required. | , or board of directors without shareholder action an | d shareholder |
| □ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval. | The number of votes cast for the amendment(s) | |
| □ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled | through voting groups. The following statement it to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was | were sufficient for approval | |
| by | | 202 |
| (voting group) | ·" | s s |
| | r | |
| 09/16/2024 Dated | | II PH |
| | | SSE PH |
| Signature | | Hor NO |
| (By a director, president or other or selected, by an incorporator – if in appointed fiduciary by that fiducia | officer – if directors or officers have not been the hands of a receiver, trustee, or other court ary) | TATE I |
| CHRIS N MERCADO | 2 | |
| (Typed or printo | ed name of person signing) | <u> </u> |
| PRESIDENT | | |
| (Title of person | signing) | |
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