## P23000014983

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
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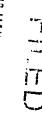
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SECRETARY OF STATE TALLADASSEF FI



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TO: Amendment Section

Division of Corporations

## NAME OF CORPORATION: \_ THE JACKSONVILLE HOUSEKEEPING TEAM INC P23000014983 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SIDNEY ANDRADE 1916 APOPKA, DR Address MIDDLEBURG, FL 32068 City/ State and Zip Code SIDNEYBRUGEZ@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SIDNEY ANDRADE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

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

## THE JACKSONVILLE HOUSEKEEPING TEAM INC

| (Name of Corporation as cur  | rently filed with the Florida l | Dept. of State)   |                  |
|--|---------------------------------|---|------------------|
| P23000014983   |                                 |   |                  |
| (Document Numb   | ber of Corporation (if known)   |   |                  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:   | this Florida Profit Corporation | on adopts the following amend                               | lment(s) to      |
| A. If amending name, enter the new name of the corporatio  | <u>n:</u>                       |   |                  |
|  |                                 | 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 "I | ". A professional corporation   | ted" or the abbreviation "Cor<br>on name must contain the w | p.,"<br>vord     |
| B. Enter new principal office address, if applicable:  |                                 |   | 2 2              |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |                                 | Z S   | 23               |
|  |                                 | <del>آرا د.</del><br>د دد                                   |                  |
|  |                                 |   | - 2              |
| C. Enter new mailing address, if applicable:   |                                 |   | 7-               |
| (Mailing address MAY BE A POST OFFICE BOX)   |                                 | ازد بنا   | _ <del>_</del> _ |
|  |                                 | F A   | <del>ری</del> ک  |
|  |                                 | m   | 7                |
|  |                                 | · ·   | -                |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade   |                                 | name of the   |                  |
| Name of New Registered Agent   |                                 |   |                  |
|  |                                 |   |                  |
| (Flora   | da street address)              | <u>.</u>  |                  |
| N 0 1 1072 411   |                                 | 171   |                  |
| New Registered Office Address:   | (City)                          | , Florida   | _                |
|  | · ·                             | ,   |                  |
|  |                                 |   |                  |
| New Registered Agent's Signature, if changing Registered A   | gent:                           |   |                  |
| I hereby accept the appointment as registered agent. I am fami   | har with and accept the obliga  | ttions of the position.                                     |                  |
|  |                                 |   |                  |
|  |                                 |   |                  |
| Signature of N   | ew Registered Agent, if changi  | ing   |                  |
| 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                   | <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                  | VP           | CARLOS E ROJAS | 1916 APOPKA DR       |
| Add                        |              |                | MIDDLEBURG, FL 32028 |
| X Remove                   |              |                | MIDDLEBURG, FL 32028 |
| 2) Change                  |              | _              |                      |
| Add                        |              |                | 37 O P               |
| Remove 3) Change           |              |                | STATE                |
| Add                        |              |                |                      |
| Remove                     |              |                |                      |
| 4) Change                  |              |                |                      |
| Add                        |              |                | <del></del>          |
| Remove                     |              |                |                      |
| 5) Change                  |              |                |                      |
| Add                        |              |                |                      |
| Remove                     |              |                |                      |
| 6) Change                  |              |                |                      |
| Add                        |              |                |                      |
| Remove                     |              |                |                      |

| 04/20/2023  |   |
|---|---|
| The date of each amendment(s) adoption:   | _, if other than the  |
| date this document was signed.  |   |
| 04.26/2023<br>Effective date if applicable:   |   |
| (no more than 90 days after amendment file date)  | <del></del>   |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.   | not be listed as the  |
| Adoption of Amendment(s) (CHECK ONE)  |   |
| ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.   | shareholder   |
| ■ 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.  | 207<br>SEE  |
| ☐ 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):  "The number of votes cast for the amendment(s) was/were sufficient for approval | 2023 MAY -2 PM 3: 47<br>SECRETARY OF STATE<br>TALLAHASSEE, FL |
| by  | HE P  |
| (voting group)  | PH 3: 47<br>OF STATE<br>SEE. FL                               |
| 04/26/2023  | <del>E</del> 7  |
| Dated   |   |
| Signature Stoney Indiade  |   |
| (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)   |   |
| SIDNEY ANDRADE  |   |
| (Typed or printed name of person signing)   | <del></del>   |
| PRESIDENT   |   |
| (Title of person signing)   |   |