P24000016184

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A. RAMSEY APR 15 2024

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SERVICIOS ESPECIALIZADOS JOJ CA CORP DOCUMENT NUMBER: P24000016184 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JONATHAN LOPEZ Name of Contact Person Address 1820 N CORPORATE LAKES BLVD SUITE 105, WESTON FL. 33326 City/ State and Zip Code J.LOPEZ@GLOBALTAXPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _at (7868782921) ANY TIME

Area Code & Daytime Telephone Number JONATHAN LOPEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & **\$35** Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SERVICIOS ESPECIALIZADOS JOJ CA CORP

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

FILED 2024 HAR 20 PM 1: 17

(Name of Corporation	as currently filed with the Florida Dept, of State)
P24000016184	The English Control of the Control o
(Docume)	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word ation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	-
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	
I hereby accept the appointment as registered agent. I c	um familiar with and accept the obligations of the position.
Signatu	ire of New Registered Agent, if changing

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Namç</u>	<u>Addres</u> s
1) X Change	D	BRYAN PARRA LOPERA	
Add			
Remove			
2) X Change	D	JORGE L. PARRA MARQUEZ	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			_
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

	dding additional Art sheets, if necessary).	(Be specific)				
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	provides for an exc	hange reclassific	ation or cancell	ation of issued	shares.	
an amenoment ravisions for i-	nplementing the am	endment if not co	ntained in the a	mendment itse	elf:	
if not annlic)	cable, indicate N/A)	enament ii mor to				
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The date of each amendment date this document was signed	
-	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ad for each voting group entitled to vote separately on the amendment(s):
	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
Dated MAR	
Signature _	1 Ryon Koma
(B	y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	BRYAN PARRA LOPERA
	(Typed or printed name of person signing)
	D
	(Title of person signing)