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S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JDAY, INC		
DOCUMENT NUMB			<del> </del>
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MARIA MARIN		
		Name of Contact Persor	)
	M MARIN INC		
		Firm/ Company	****
	4147 N DIXIE HWY		
	AL	Address	· · · · · · · · · · · · · · · · · · ·
	OAKLAND PARK, FLÖRII	DA 33334	
		City/ State and Zip Code	<u> </u>
N/A			
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MARIA MARIN		954 at (	597-9200
Name c	f Contact Person	at ( 954 ) 597-9200  Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

JDAY, INC		
(Name of Corporation :	is currently filed with the Florida Dept. of State)	
P13000051516		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Stits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment	s) to
A. If amending name, enter the new name of the corpo	ration:	
N/A	The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered." "professional association," or the abl	corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the previation "P.A."	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRI	<u>(88</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOV -6 M ST SO	r
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		
Name of New Registered Agent N/A		
	(Florida street address)	
New Registered Office Address:	, Florida	
-	(City) (Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I a	ered Agent: on familiar with and accept the obligations of the position.	
Signatu	re 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 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: $\underline{X}$ Change	<u>PT</u>	John De	<u>ne</u>	
X Remove	$\underline{V}$	Mike Jo	ones .	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	S		CARLOS A ARIAS PEREZ	22991 SEASPRAY PL
X Add		_		BOCA RATON, FL 33428
Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				-
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	_			•••
Add				
Romavo				

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

*** • • • • • • • • • • • • • • • • • •	10/30/2019 doption:	if ather those th
The date of each amendment(s) a date this document was signed.	doption:	, if other than th
Effective date <u>if applicable</u> :		. <u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, tepartment of State's records.	his date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amend ufficient for approval.	ment(s)
	proved by the shareholders through voting groups. The following some each voting group entitled to vote separately on the amendments.	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shar	eholder
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and sharehold	der
10/30/201 Dated	9	
Signature <b>X</b>	\$5£m/-3	
(By a	director, president or other officer – if directors or officers have not	
	ed, by an incorporator – if in the hands of a receiver, trustee, or othen ted fiduciary by that fiduciary)	a court
	ARLIS FLORIAN MILAN	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	·