

N10000001895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

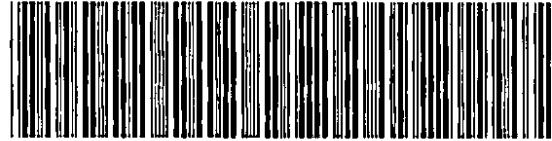
(Document Number)

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JAN 23 2018
S. YOUNG

FILED
18 JAN 22 AM 11:09
STATE
JALAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2017

ASHOMY PINDER
JIBS TRAINING CENTER
14311 BISCAYNE BLVD 0834
NORTH MIAMI, FL 33261

SUBJECT: JIBS TRAINING CENTER, INC.
Ref. Number: N10000001895

We have received your document for JIBS TRAINING CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 717A00025770

RECEIVED
18 JAN 22 AM 10:14
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jibs Training Center

DOCUMENT NUMBER: N10000001895

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

Please return all correspondence concerning this matter to the following:

Ashomy Pinder

(Name of Contact Person)

Jibs Training Center

(Firm/ Company)

14311 Biscayne Blvd 0834

(Address)

N. Miami FL 33261

(City/ State and Zip Code)

ashomy109@yahoo.com

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

For further information concerning this matter, please call:

Ashomy Pinder

(Name of Contact Person)

786 859 3972

(Area Code) (Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Jibs Training Center, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000001895

(Document Number of Corporation (if known))

FILED
18 JAN 22 AM 11:09
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

Jibs Training Center, Inc The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp" or "Inc" "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

14311 Biscayne Blvd 0834
North Miami FL 33261

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Same as above

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

ASHOWN Pinder

New Registered Office Address:

14311 Biscayne Blvd Suite 0834
(City) Florida 33261
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

ASHOWN Pinder
Signature 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>CEO</u>	<u>Imene Jeanpierre</u>	<u>14311 Biscayne Blvd</u> <u>0834</u>
			<u>North Miami Fl</u> <u>33261</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CEO</u>	<u>Ashomy Ander</u>	<u>14311 Biscayne Blvd</u> <u>0834 N. Mia Fl 33261</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Hartley Pinder</u>	<u>14311 Biscayne Blvd</u> <u>0834 N. Mia Fl 33261</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Marangely Pinder</u>	<u>14311 Biscayne Blvd</u> <u>0834 N. Mia Fl 33261</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Jamiera Pinder</u>	<u>14311 Biscayne Blvd</u> <u>0834 N. Mia Fl 33261</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Marangely Pinder</u>	<u>14311 Biscayne Blvd</u> <u>0834 N. Miami Fl 33261</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Consultant; cleaning; HomeCare, landscaping

The date of each amendment(s) adoption: 1-8-2018, if other than the date this document was signed.

Effective date if applicable: 1-8-2018
(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)

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

Signature

1-8-2018
[Signature]
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Ashomy Pinder

(Typed or printed name of person signing)

CEO

(Title of person signing)