## N20 000009946

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## **COVER LETTER**

, TO: Amendment Section Division of Corporations JEN HUB NAME OF CORPORATION: N20000009946 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MYRIAME MICHEL JOSEPH (Name of Contact Person) JEN HUB (Firm/ Company) 6685 FOREST HILLBLVD (Address) GREENACRES, FL 33413 (City/ State and Zip Code) mjoseph@simplycareservices.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 200-7955 MYRIAME MICHEL JOSEPH 561 (Area Code) (Daytime Telephone Number) (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** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

JEN HUB (Name of Corporation as currently filed with the Florida Dept. of State) N20000009946 (Document Number of Corporation (if known) 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: 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. 6685 FOREST HILL BLVD B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) GREENACRES, FL 33413 C. Enter new mailing address, if applicable: 6685 FOREST HILL BLVD (Mailing address MAY BE A POST OFFICE BOX) GREENACRES, FL 33413 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: (Florida street address) New Registered Office Address: (City) 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.

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 a change, Mike Jones led Mike Jones, V as Remov	aves the corpo	ration, Sally Smith is named the $V$ and $S.$ Thes	he PST and Mike Jones is listed as the V. There is se should be noted as John Doe, PT as a Change,			
Example:  X Change X Remove X Add	$\overline{\underline{\mathbf{V}}}$ $\overline{\underline{\mathbf{Mi}}}$	nn Doe ke Jones lly Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address			
1) × Change Add	P	MYRIAME MICHEL JOSEPH	6685 FOREST HILL BLVD GREENACRES, FL 33413			
Remove 2) Change Add	VP	CLAUDOMY JOSEPH	6685 FOREST HILL BLVD GREENACRES, FL 33413			
Remove 3 ) Remove						
4) Change Add						
Remove 5) Change Add		<del></del>				
Remove						
Add Remove						
E. If amending or addi (attach additional she		Articles, enter change(s) here:  y). (Be specific)				
		S ORGANIZATION, ASSETS SHALL BE D MEANING OF SECTION 501(C)(3) OF TH				
		NY FURTHER FEDERAL TAX CODE, OR	<del></del>			
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The date of each amendment date this document was signed	(s) adoption:	10/15/2020			, if other than the
	10/15/2020				
Effective date if applicable:		more than 90 days after at	nendment file date	)	
Note: If the date inserted in the document's effective date on the	is block does r he Department	not meet the applicable statu of State's records.	itory filing requirer	nents, this date will	not be listed as the

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

(CHECK ONE)

Adoption of Amendment(s)

	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
Dated	10/15/2020
Signatur	re
	(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)  MYRIAME MICHEL JOSEPH
	(Typed or printed name of person signing)
	PRESIDENT (Title of person signing)
	(Title of person signing)