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2022 JUL 18 PH 3: 48
TÄLLATIASSEE FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Jaclyn Investments of South Florida, In
DOCUMENT NUMBER: <u>P0000041258</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tadyn Ramos Name of Contact Person
Incomreal, LLC.
Firm/ Company 19112 NIN 88 PI
Address
Miami, FL 33018
City State and Zip Code
E-maikaddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jaclyn Ramos 11,786,222-7-707
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee Scrifficate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee S43.75 Filing Fee Scrifficate of Status Certificate of Status (Additional Copy is enclosed)

Street Address

Amendment Section

Division of Corporations The Centre of Tallahassee

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Articles of Amendment

to

Articles of Incorporation

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P000000413	<u> </u>	_	
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation	adopts the following an	nendment(s) to
A. If amending name, enter the new name of the corporation:			
	I/A	Th	e new
name must be distinguishable and contain the word "corporation," "co." "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A proceed," "professional association," or the abbreviation "P.A."		" or the abbreviation "	Corp.,"
B. Enter new principal office address, if applicable:	NA	— -1	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		2022 ALI	
		£. 6	_1,
		SS 8	
C. Enter new mailing address, if applicable:	NIA	mer To	177
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	11/11		
		<u>~</u>	_
		λ. σο 	
D. If amending the registered agent and/or registered office address	s in Florida, enter the n	ame of the	
new registered agent and/or the new registered office address:			
Name of New Registered Agent Maria C.	Ramos		
(Florida stree	address)		
New Registered Office Address:	··.	, Florida	
(C	ity)	(Zip Code	,
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligation	ons of the position.	
Mina ata	<u> </u>		
Signature of New Reg	istered Agent, if changing		

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	83	Maria C-Ramos	17024-NW 82ND AVE
Add			ATTOMATAKES EL 53010
Remove 2) Change			
Add			
Remove Change			
Add Remove	PST PST	Maria C.Ramos Jorge Ramas	<u>14024 NW 82ND</u> AVE Miami Lakes Fl 33016
4) Change			
Add			
Remove			
5) Change			
Add			A P T
Remove			
6) Change		· ·	PH 3:
Add			
Remove			

(Attach additional sheet	s, if necessary).	(Be specific)	ge(s) here:	α			
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F. If an amendment provi	des for an exch	ange, reclassific	ation, or cancel	lation of issue	l shares		
provisions for implem	enting the amer	ndment if not co	ntained in the a	mendment its	elf:		
(if not applicable, i	ndicate N/A)	1.0					
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date this document was signed.	doption: 0+13112022	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	plock does not meet the applicable statutory filing requirements, tepartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were addaction was not required.	opted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amend of the approval.	Imeni(s) 2022
	proved by the shareholders through voting groups. The following steach voting group entitled to vote separately on the amendment(s)	Imeni(s) JUL 18 PM
by	for the amendment(s) was/were sufficient for approval	ြွင့် ယူ 🔾
БУ	(voting group)	8 18
-	2/11/2022	