(Re	questor's Name)		-
(Ad	dress)		-
(Ad	dress)		-
(Cit	y/State/Zip/Phon	e #)	-
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	-
(Do	cument Number)		-
Certified Copies	_ Certificates	s of Status	-
Special Instructions to	Filing Officer:	<u> </u>	7
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: P J A PRO	OPERTIES, INC.		
DOCUMENT NUMBER: P0200004028	7		
The enclosed Articles of Amendment and		ng.	
Please return all correspondence concernin	g this matter to the follo	wing:	
JOSE TOVAR			
	Name of Co	ontact Perso	n
P J A PROPERTIES	S. INC.		
	Firm/ (Company	
1403 NW 87TH TE			
	Ade	dress	
CORAL SPRINGS,	, FL 33071		
	City/ State a	and Zip Cod	e
joseatovarco@aol.com			
•	: (to be used for future a	nnual report	notification)
		·	
For further information concerning this ma	tter, please call:		
JOSE TOVAR	at /	954	444-9194
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amou	int made payable to the I	Florida Depa	artment of State:
\$35 Filing Fee \$43.75 Filing Certificate of		Copy I copy is	□\$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	i	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

P J A PROPERTIES, INC.		
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)
P02000040287		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
		The new
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address,		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	بہ
		With the second
		The state of the s
C. Enter new mailing address, if appl	icable:	in the first first
(Mailing address <u>MAY BE A POST</u>		
		<u> </u>
D. If amending the registered agent ar	ıd/or registered office adı	dress in Florida, enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	JOSE TOVAR	
	1403 NW 87TH TERRA	CE
	(Florida s	treet address)
New Registered Office Address:	CORAL SPRINGS	Florida 33071
New Register Connect Metaress.		(Cin:) (Zip Code)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regist	tered agent. I am familia	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 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	PATRICIA E BARRETO TOVAR	1403 NW 87TH TERRACE
X Add			CORAL SPRINGS
Remove			FL 33071
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u>.</u>		
Add			
Remove			-N
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)

f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

•	04/18/2016	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	1/19/2017	
Effective date if applicable:	/18/2016	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendments sufficient for approval.	(s)
	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	nent
	st for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
-	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and sharehold dopted by the incorporators without shareholder action and shareholder	ler
action was not required.		
04/1 8 /20 Dated	16	
Dated		
Cionatura		
selec	director, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
•	JOSE A TOVAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	