P04000052647

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	TION, CORP.				
DOCUMENT NUM	BER: P04000052647	***				
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	JOSE LEON					
	Name of Contact Person					
	LBS LEON BUSINESS SERVICES LLC					
	Firm/ Company					
	8333 W MCNAB RD STE 114					
	Address					
	TAMARAC, FL 33321					
	City/ State and Zip Code					
	info@leonbusineservices.com	n				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
JOSE LEON		954 at (323-9074 de & Daytime Telephone Number			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fi	or the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810			

2023 APR 24 AM 9: 06

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JAG CONSTRUCTION, CORP.	at Mink that Mink the Co.		
P04000052647	itly filed with the Florida Dept, of State)		
	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendments		
A. If amending name, enter the new name of the corporation:	The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	11691 SW 25TH ST		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	DAVIE		
	FL, 33325		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11691 SW 25TH ST 700 FE		
	DAVIE S		
	FL, 33325		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
Name of New Registered Agent	m		
(Florida s	strect address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian			
Signature of New	Registered 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)

____ Remove

Please note the officer/director title by the first letter of the office title:

 $P = President; V = Vice President; T = Treasurer; S - Secretary; D = Director; TR \cdot Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the Y. There is a change, Mike Jones leaves the corporation. Sally Smith is named the Y and S. These should be noted as John Doe, PT as a Change, Mike Jones, Y as Remove, and Sally Smith, SY as an Add.

Example: X Change \overline{bL} John Doc X Remove \underline{V} Mike Jones \underline{SV} \underline{X} Add Sally Smith Type of Action Address Title Name (Check One) JOHN GIRALDO 11691 SW 25TH ST 1) ____ Change X___Add DAVIE 33325 Remove VΡ FRANCIA E MEJIA 11691 SW 25TH ST Change DAVIE __ Add 33325 Remove RAFAEL RIVERA 11691 SW 25TH ST 3) X Change DAVIE ____ Add 33325 ____ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change ____ Add

2023 APR 24 AH 9: 06

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary).—(Be specific)		
AMENDING CORP AND MEMBER ADDRESS, ADDING NEW MEMBER		
THANK YOU.		
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)		
(y not applicame, indicate 8.2()		
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	023 APR 24	
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TALLAHASSEE, FL	AM 9: 06	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90	days after amendment file date)
Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
□ The amendment(s) was/were adopted by the incorporators, or b action was not required.	oard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thro must be separately provided for each voting group entitled to v	
"The number of votes east for the amendment(s) was/wer	e sufficient for approval
by	·
(voting group)	
Dated 4/20/2023	
Signature (By a director, president or other office selected, by an incorporator – if in the appointed fiduciary by that fiduciary)	er – if directors or officers have not been hands of a receiver, trustee, or other court
John	ame of person signing)
· Pugi	dunk
(Title of person sign	ning)

SECRETARY OF STATE