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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JGA GROUP, INC	·	<u> </u>		
DOCUMENT NUME	BER:				
	of Amendment and fee are st	ibmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	PHILBERT HILLIMAN				
		Name of Contact Person	1		
	PHIL'S ACCOUNTING & F	BUSINESS SERVICE, INC			
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·		
	1860 N PINE ISLAND ROA	AD SET 107			
		Address			
	PLANTATION FL 33322				
	·	City/ State and Zip Cod	e		
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	i concerning this matter, pleas	se call:			
PHILBERT HILLIMAN		at (at (797-9292		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43,75 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JGA GROUP, INC

(Name of Corporation as currer	ntly filed with the Florida Dept. of State)
P04000105666	5
(Document Number	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 amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	20
	900
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(Maining data ess <u>mart me as twist well the mos</u> s)	1 2 2
	<u> </u>
D. If amending the registered agent and/or registered office ad	ldress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent N/A	
(Florida :	street address)
New Registered Office Address:	, Florida
The state of the s	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	
	, , , , , , , , , , , , , , , , , , ,
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: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	Tule		<u>Name</u>	<u>Addres</u> s
1) Change	TREA	_	MICHAEL C ALCURE	3741 COLUMBUS WAY N
Add X Remove				HOLLYWOOD FL 33026
2) Change				·
Add				
Remove				
3) Change		_		
Add				
4)Change		_		
Add				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here. (Attach additional sheets, if necessary). (Be specific)
N/A

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)
N/A

OCTOBER 2, 2919
The date of each amendment(a) adoption:
dute this document was signed.
Effective date if applicable:
ino more than 90 days after amendment file duse)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, thus date will not be listed as it 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 shareholders. The number of votes cost for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was Avere sufficient for approval
hy
(voting group)
The amendment(s) was/were adopted by the hoard of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
OCTOBER 2, 2019
Signature Joseph D. Alcure
(By/a director, president or other officer - if directors or officers have not been
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
ω
JOSEPH ALCURE
(Typed or printed name of person signing)
PRESIDENT
(Table of person signing)