P05000143653

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA		IFER'S CAFETER	IA, INC.
DOCUMENT NUMBE	D05000143	3653	
The enclosed Articles of	"Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	WILSON S	SERRANO	
_		Name of Contact Person	n
_	690 NE 123rd S	Firm/ Company STREET APT 304	· · · · · · · · · · · · · · · · · · ·
_	NORTH MIAM	Address I, FL 33161-5544	
		City/ State and Zip Cod	
_		n6119@gmail.con	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
WILSON SEF	RRANO	at (786	₁ 380-9592
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 lassee, FL 32314	Ameno Divisio The C 2415	Address Innent Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment Articles of Incorporation

JENNIFER'S CAFETERIA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P050001	43653		
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	Torida Profit Corporation a	dopts the following amendment
A. If amending name, enter the new name	me of the corporation:		
			The new
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co" chartered," "professional association," or	orp," "Inc," or "Co". A	ompany," or "incorporated" professional corporation n	or the abbreviation "Corp.," ame must contain the word
B. Enter new principal office address, if applicable:		N/A	
(Principal office address MUST BE A ST	REET ADDRESS)	-	
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
		· · · · · · · · · · · · · · · · · · ·	
			<u> </u>
D. If amending the registered agent and	Vor registered office addre	ess in Florida, enter the na	me of the
new registered agent and/or the new	registered office address:	to an interest of the state of	<u> </u>
Name of New Registered Agent	WILSON SERRA	ANO	<u> </u>
	690 NE 123rd S	TREET APT 304	9
-	(Florida stre		
New Registered Office Address:	NORTH MIAMI	2	, Florida 33161-5544 (Zip Code)
THE REGISTER OFFICE TRUTESS.	(City	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Agent: red agent. – Lam familiar w	ith and accept the obligation	is of the position.
()	(1:5)		
	Maria		

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)

Example:

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>	<u>Name</u>	<u>Addres</u> s
1) Change X Add	<u> </u>	Wilson Serrano	690 NE 123rd St apt 304 North Miami, FL 33161
 Remove2) Change Add	P	Aguiriano, Noemi E.	1540 NE 173rd Street North Miami Beach,
X Remove Change Add	<u> S </u>	Aguiriano, Zoila	FL 33162 17300 NE 17th Avenue NMB, FL33162
X Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove	 		

	adding additional Ar A sheets, if necessary)	. (Be specific)			
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			-	<u> </u>	
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f an amendmer	ut provides for an ex-	change, reclassifica	tion, or cancellat	ion of issued shares,	
provisions for i	implementing the an	nendment if not con	tained in the am	endment itself:	
(if not appli	icable, indicate N/A)				
			·		
<u>.</u>					
				···	
		_			

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The date of each amendment(s) adopti	ion:	, if other than the
date this document was signed.		
Effective date if applicable: July	1st 2023	
	(no more than 90 days after amendment file da	nte)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requiremment of State's records.	ents, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shar	reholder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were suffici-	by the shareholders. The number of votes east for the a ent for approval.	amendment(s)
	ed by the shareholders through voting groups. The following group entitled to vote separately on the amenda	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by NOEMI E. AGU	IRIANO	
,	(voting group)	
Dated July 01 Signature (By a director)	or, president or other officer – if directors or officers ha	ve not been
	an incorporator \bigvee if in the hands of a receiver, trustee, of iduciary by that fiduciary)	or other court
_	NOEMI AGOIRIANO (Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	