# P06000023261

		<u> </u>
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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SECRETARY OF STATE DIVISION OF CORPORATIONS

Mame Ch8 Cu5 (a) 3/19/09

#### **COVER LETTER**

• TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JLC Realestate Corporation
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jorge Caballero (Neme of Contact Person)
JLC Realestate Corporation
1301 W. 62 Street
Hialeah FL 33012 (City/State and Zip Code)
For further information concerning this matter, please call:
Jorge Caballero at (786) 285-4106 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

#### **Articles of Amendment**

### Articles of Incorporation

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006 following amendment(s) to its Articles of Incorp		es, this <i>Florida Profit</i>	Corporation adopts the
Prestige Construct The new name of the new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	ion & Ind contain the "Inc.," or Co.,	nvestment word "corporation," or the designation "	Corp," "Inc," or
B. Enter new principal office address, if appl Principal office address <u>MUST BE A STREET</u>		N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<i>E BOX</i> )	N/A	
D. If amending the registered agent and/or renew registered agent and/or the new regis			er the name of the
Name of New Registered Agent:	<u>N</u>	<u>/A</u>	_
New Registered Office Address:	(Florid	la street address)	_
-		(City)	_, Florida (Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered position.	agent. I am f	amiliar with and accep	
Si	gnature of New	Registered Agent, if cha	nging

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>		n/A	☐ Add☐ Remove
·			☐ Add ☐ Remove
			Add Remove
	iding or adding additional Ar additional sheets, if necessary).		
provisi		change, reclassification, or cancellation or cancellation or cancellation of the amendation of the ame	
	NA		

The date of each amendment(s) adoption: 3/12/09
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
(voting group)
The amendment(s) was/were adopted by the board 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.
Dated 3 12/09
Signature
Torge Caballero (Typed or printed name of person signing)
President (Title of person signing)