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C. LEWIS

APR 28 2014

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2014

JAVIER E. RODRIGUEZ 4364 SW 164 PATH MIAMI, FL 33185 US

SUBJECT: JAVFRAN GROUP, INC

Ref. Number: P06000055484

We have received your document for JAVFRAN GROUP, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your corporate name is unavailable. Chapter 607.0401(4), Florida Statutes states corporate names "must be distinguishable from the names of all other entities or filings organized or registered under the laws of this state, which names are on file with the Division."

The document number of the name conflict is P01000025612.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 714A00007147

COVER LETTER

RECEIVED

14 MAR 31 PM 2:52

METARGRERI DE CIATE MITTERA DE COMPRENTAMO METARGRERI E EL APAZA

TO: Amendment Section Division of Corporations

| NAME OF CORPO | DRATION: JAVFRAN | GROUP INC | हिंदी हैं कि स्वाहत है। अपने कि स्वाहत के कि स्वाहत के कि | | |
|------------------------|---|--|--|--|--|
| DOCUMENT NUM | IBER: P0600005548 | 4 | | | |
| | s of Amendment and fee are su | | | | |
| Please return all corr | espondence concerning this ma | tter to the following: | | | |
| | JAVIER E. RODE | RIGUEZ | | | |
| | | Name of Contact Person | 1 | | |
| | | Firm/ Company | | | |
| | 4364 SW 164 PA | TH | | | |
| | | Address | | | |
| | MIAMI, FL 33185 | ; | | | |
| | | City/ State and Zip Cod | e | | |
| JΑ | VIER@MIAMISI.C | ОМ | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further informati | on concerning this matter, pleas | se call: | | | |
| JAVIER E. F | RODRIGUEZ | at (305 | 742-3396 | | |
| Name | e of Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check t | for the following amount made | payable to the Florida Depa | artment of State: | | |
| ■ \$35 Fiting 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) | | |
| | ailing Address | | Address | | |
| | nendment Section | Amendment Section | | | |
| | vision of Corporations D. Box 6327 | | on of Corporations Building | | |
| | llahassee, FL 32314 | | Executive Center Circle | | |

Tallahassee, FL 32301

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation of

14 APR 21 PM 1: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| JAVFRAN GROUP, INC | | TALLAHASS | SE. FLORIUM |
|---|--|--|----------------------------|
| (Name of Corporation as currently | filed with the Florida Dept. of | State) | |
| 206000055484 | | | _ |
| (Document Number | of Corporation (if known) | | |
| cursuant to the provisions of section 607.1006, Flores Articles of Incorporation: | ida Statutes, this <i>Florida Profit</i> C | Corporation adopts the following | ng amendment(s) |
| a. If amending name, enter the new name of the | corporation: | | |
| JAVIER E. RODRIGUEZ, P.A. | | | The new |
| name must be distinguishable and contain the w "Corp.," "Inc.," or Co" or the designation "Co word "chartered," "professional association," or to | rp," "Inc," or "Co". A profess | " or "incorporated" or the a sional corporation name must | bbreviation contain the |
| 3. Enter new principal office address, if applical Principal office address <u>MUST BE A STREET A</u> | | | - |
| | | | _ |
| | | | - |
| Enter new mailing address, if applicable: | | | |
| (Mailing address <u>MAY BE A POST OFFICE I</u> | <u> </u> | | _ |
| | | | _ |
| | | | <u> </u> |
| D. If amending the registered agent and/or regis | | enter the name of the | |
| new registered agent and/or the new registere | ed office address: | | |
| Name of New Registered Agent | | | |
| | | | |
| | (Florida street address) | | |
| New Registered Office Address: | | , Florida | _ |
| | (City) | (Zip Code) | |
| | | | |
| New Registered Agent's Signature, if changing R | tegistered Agent: | | |
| hereby accept the appointment as registered agent | | the obligations of the position. | |
| | | | |
| Signature of | New Registered Agent if changi | na | |

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 <math>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 Doe | | | | |
|----------------------------|-----------|-------------|-----------------|--|--|--|
| X Remove | <u>v</u> | Mike Jones | | | | |
| X Add | <u>sv</u> | Sally Smith | | | | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s | | | |
| 1) Change | | | | | | |
| Add Remove | | | | | | |
| | | | | | | |
| 2) Change Add | | | - | | | |
| Remove | | | | | | |
| 3) Change | | | | | | |
| Remove | | | | | | |
| 4) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | | | | | |
| Remove | | | | | | |
| 6) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |

| , | additional sh | | | | hange(s) her | _ | | |
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14 APR 21 PM 1: 26 The date of each amendment(s) adoption: 3/1/2014 ___, if other than the SECRETARY OF STATE TALLAHASSEE, FLORIDA date this document was signed. 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 statement 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 (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_3/1/2014 Signature (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) JAVIER E. RODRIGUEZ (Typed or printed name of person signing) PRESIDENT & DIRECTOR

(Title of person signing)