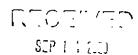
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Jessica Diaz PA RATION:		,	
DOCUMENT NUM	P06000080434 BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	itter to the following:		
	Jessica Diaz			
	Jessica Diaz PA	Name of Contact Person	n	
	Firm/ Company 1310 SE Concha Street			
	Port Saint Lucie Florida 349	Address 83		
		City/ State and Zip Cod	e	
	jdiaz0597@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Jessica Diaz		772 at (2401469	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 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 ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Nama o	f Carparation as currentl	y filed with the Florida Dept. of State	<u> </u>
2060(00)8(143.4	1 Corporation as current	y med with the Florida Dept. of State	,
	(Document Number o	f Corporation (if known)	
ursuant to the provisions of section 607. s Articles of Incorporation:	1006. Florida Statutes, this	Florida Profit Corporation adopts the f	ollowing amendmen
. <u>If amending name, enter the new na</u> Jessica Diaz _/ In C.	nme of the corporation:		The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	orp," "Inc," or "Co"	company," or "incorporated" or the abb 1-professional corporation name must	previation "Corp.,"
,		Jessica Diaz	
Enter new principal office address, i Principal office address <u>MUST BE A ST</u>	1310 SE Concha Street		
		Port Saint Lucie Florida 34983	
Enter new mailing address, if applie (Mailing address MAY BE A POST C			
If amending the registered agent an			
new registered agent and/or the new	<u>registered office address</u> n/a	<u>:</u>	-
	TV II		
Name of New Registered Agent			\
			ب ب
	(Florida stre	eet address)	——————————————————————————————————————
Name of New Registered Agent	(Florida stro		<u>+</u> + 51
	n/a	eet address), Florida_	(Zip Code)

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

Attach additional s	<mark>ling additional Arti</mark> heets, if necessary).	(Be specific)	<u> </u>		
					
					
 					
				-	
				_	
	_				
				_	
<u>If an amendment j</u>	orovides for an exch	ange, reclassifica	tion, or cancellatio	n of issued shares,	
provisions for im:	olementing the ame	ndment if not con	tained in the amen	dment itself:	
(if not applica	ble, indicate N/A)				
				 	
					 ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ 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	
by	
(voting group)	
Signature (By addirector, president or other officer – if directors or officers have not been selected, by an incorporator – if in the handr of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing) (Title of person signing)	