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JAN 1 5 2019 S. **YOUNG**  9 JAN -9 PH 6:2: (CRITALE A SANTE (LAHASSEL, FLORID)

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: JASMINE	ROSE ENTER	PRISES, INC.
DOCUMENT NUMBI	0 - 0		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	EUGENIO	TRUJILLO	
		Name of Contact Person	n
_	JASMINE	ROSE ENTERPR	cises, inc
_	4960 NW	_ ·	
		Address	
_	Miami	GARDENS, FLO	1210A 33014
		City/ State and Zip Cod	c
	ang, jrey	sed for future annual report	notification)
	E-man address: (10 00 us	sea for fature armaar report	nonnearony
For further information	concerning this matter, pleas	se call:	
EUGENIO	TRUTICLO	at ( 786	de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Maili	ng Address	Street	Address
Amen	dment Section	Ameno	Iment Section
	on of Corporations		on of Corporations
	30x 6327 nassee: FL 32314		Building –

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

NIMZAT	IE ROSE EN	TERPRISE	ΞS	
(Name of	Corporation as currently	y filed with the Flo	rida Dept. of Sta	te)
	P 08 0000	35209		
	(Document Number of		own)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corp	oration adopts th	e following amendment(s)
A. If amending name, enter the new nam	ne of the corporation:			
				The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp," "Inc," or "( on," or the abbreviation "	Co". A profession	"incorporated" al corporation no	or the abbreviation ime must contain the
B. Enter new principal office address, if (Principal office address MUST BE A STA		4960 N	1W 165	ST B-4
C. Enter new mailing address, if applica	ble:	MIAMI G	ARDENS,	FL. 33014
(Mailing address MAY BE A POST O	FFICE BOX)			70
				A T
D. If amending the registered agent and/ new registered agent and/or the new i			er the name of th	e SSEET
Name of New Registered Agent	EUGENIO	TRUJILL	o	<u> </u>
-	4960 NW (Florida stre	165 ST eet address)	8.4	22
New Registered Office Address;	miani	GARDENS	, Florid	a 33014
The w Registered Office Mauress:		(City)	, FIORIA	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
_X Add	<u>SV</u> Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		ELSIE SANCHEZ	1840 SW 22 ST
Add			4TH FLOOR. MIAMI
Remove			FLORIDA, 33145
2) Change	PT	EUGENIO TRUJILLO	4960 NW 165 ST
×_ Add			8-4 MIAMI GARDENS
Remove			FL 33014
3) Change			·
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	1-1
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	•
	<u> </u>
in amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
ovisions for implementing the ameni	idment if not contained in the amendment itself:
(if not applicable, 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, thi document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.  Dated  Signature	<del>,</del>
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
EUGENIO TRUJILLO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	