## P09000087525

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## **COVER LETTER**

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MJWA INC		
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	JUSTO ALMODOVAR		
		Name of Contact Person	n
	MJWA INC		
		Firm/ Company	
	PO BON 101672		
	· · · · · · · · · · · · · · · · · · ·	Address	
	CAPE CORAL, FLORIDA 3	3910	
		City/ State and Zip Cod	<u> </u>
	CLEARPOOLS@COMCAS	T.NET	
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:at (	945-1117
Name o	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	Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box (127 hassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, 44, 32303

## Articles of Amendment to Articles of Incorporation of

corporation f

MJWA INC	2022 NOV 1
(Name of Corporation as currently filed with the Florida Dept. of State)	· <del></del>
P09000087525	TALL
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folloits Articles of Incorporation:	owing amend
A. If amending name, enter the new name of the corporation:	
$\sim /A$	The n
name must be distinguishable and contain the word "corporation," "company," or "meorporated" or the abbrev "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must con "chartered," "professional association," or the abbreviation "P.A."	iation "Corp.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, onter the name of the new registered agent and/or the new registered office address:	
Name of New Regi : zd Agent	
A(Florida street address)	
New Registered Office Address: City:	
(City)	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.	on.
N/A Signature of New Registered Agent, 1' changing	

Check if applicable

☐ The amendment(s) is/are string 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, address of each Officer and/or Director being added:

(Attach additional sheets, if ne, essary)

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; Ch. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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 1 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. There should be noted as John Doe, PT as Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>ir</u> ) <u>Joh</u>	n Doe	
X Remove	<u>Mik</u>	te Jones	
$X \land Add$	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Tive	Name	<u>Addres</u> s
1) Change	<b>V</b>	MERCEDES C. ALMODOVAR	PO BOX 101672
N Add			CAPE CORAL, FL 33910
Remove			
2) Change	·· ·-·-		
Add			
Remove Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			···
6) Change			
Add			
Remove			

(Attach additional	dding additional Artic sheets, if necessary).	(Be specific)	<u></u>			
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provisions for in	provides for an exchanglementing the amenable, indicate N/A)	ange, reclassificated and in the design of t	tion, or cancellat tained in the am	ion of issued sh endment itself:	<u>ares,</u>	
		NI				
<del> </del>						
·						

The date of each amendmedate this document was sign	ned if off
Effective date if applicable	<b>C</b> :
<del></del>	(no more than 90) days after amendment file date)
Note: If the date inserted document's effective date of	in this block does not meet the applicable statutory filing requirements, this date will not be li- on the Department of State's records.
Adoption of Amendment(	s) ( <u>CHECK ONE</u> )
The amendment(s) was/action was not required.	were adopted by the incorporators, or board of directors without shareholder action and sharehold
☐ The amendment(s) was/ by the shareholders was	were adopted by the shareholders. The number of votes cast for the amendment(s)  //were sufficient for approval.
The amendment(s) was/ must be separately prov	were approved by the shareholders through voting groups. The following statement good for each voting group entitled to vote separately on the amendment(s):
"The number of ve	tes east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
DatedSignature	
	(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)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Title of person signing)