## P09000091219

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	1000

Office Use Only



900357487569

01/12/21--01012--010 \*\*43.75



R WETT read () Luc

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Jade Beach 3905 (	Corporation	
DOCUMENT NUME			
	of Amendment and fee are so	ubmitted for filing.	
Please return all corres	pondence concerning this m	atter to the following:	
	Carlos H Romero Roa		
		Name of Contact Perso	าก
	Jade Beach 3905 Corporatio	n	
		Firm/ Company	
	24422 Silverton Valley Ln.	, ,	
		Address	
	Katy, TX 77494		
		City/ State and Zip Coc	le
CTOR	nero06@hotmail.com		
		(to be used for future annua	al report notification)
	S Wall address.	(to be abed to) ratale annual	report nourcedon)
For further information	n concerning this matter, plea	se call;	
Carlos H Romero Roa		at (30)5	3310147
Name o	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
□ \$35 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)
Mailing Addr Amendment S Division of Co	ection		Iment Section on Corporations

P O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Jade Beach 3905 Corporation

(Name of Corporation as currently filed with the	10 55 6
(Mainte of Corporation as currently filled with the	Florida Dept. of State) 7. 10: 50
P09000091219	
(Document Number of Corporation	(if known)
·	
ursuant to the provisions of section 607,1006, Florida Statutes, the acceptoration:	is corporation adopts the following amendment(s) to its Arti-
. If amending name, enter the new name of the corporation:	N 1 A
	N A The new
ame must be distinguishable and contain the word "corporation," lnc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
Enter new principal office address, if applicable:	24422 Silverton Valley Ln. Katy, TX
Principal office address <u>MUST BE A STREET ADDRESS</u> )	77494
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	24422 Silverton Valley Ln, Katy, TX
	77494
. If amending the registered agent and/or registered office ado	dress in Florida, enter the name of the
and the registered agent and/or registered office age	areas in Florida, Cites the hame of the
new registered agent and/or the new registered office addres	18:
new registered agent and/or the new registered office addres  Name of New Registered Agent	is:
Name of New Registered Agent  Name of New Registered Agent	<u></u>
Name of New Registered Agent  Name of New Registered Agent	<u></u>
Name of New Registered Agent  Name of New Registered Agent	<u> </u>

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:

XChange	<u>PT</u> .	John Doe	
X Remove	<u>V</u> .	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>VP</u>	Clara M Cajamarca Rodriguez	24422 Silverton Valley Ln
Add			Katy, TX 77494
Remove			
2) K Change	D	Carlos H Romero Roa	24422 Silverton Valley Ln
Add			Katy, TX 77494
Remove 3) Change	s	Danicla Romero	24422 Silverton Valley Ln
X Add			Katy, TX 77494
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
S) Change	<del></del>		
Add			
Remove			

## Page 2 of 6

Ξ.	FLORIDA	PROFIT	BENEFIT	CORPORATION OPTION	S. IF APPLICABLE:

	N. 10	
	N/A	
	<del></del>	
The general and/or specific publifollows (optional):	lic benefit(s) to be create	d by the corporation (in addition to its general purpose) is/ar
	NIA	
The additional qualifications of	Donaft Discotos(s) if a	
The additional qualifications of		
•	beliefit Director(s), if an	y, are as follows:
·	1	y, are as follows:
·	N A	y, are as follows:
•	1	
The name(s) and address(es) of	N A	
The name(s) and address(es) of	N A	nd/or Benefit Officer(s), if any:
The name(s) and address(es) of s	the Benefit Director(s) an	nd/or Benefit Officer(s), if any: Name and Title: Address:
The name(s) and address(es) of s	the Benefit Director(s) an	nd/or Benefit Officer(s), if any: Name and Title:
The name(s) and address(es) of a Name and Title:Address:	the Benefit Director(s) an	nd/or Benefit Officer(s), if any: Name and Title: Address:
The name(s) and address(es) of a Name and Title:Address:	the Benefit Director(s) an	nd/or Benefit Officer(s), if any: Name and Title: Address:
The name(s) and address(es) of s Name and Title:  Address:  N A  The corporation, in accordance with the corporation in the corporation in accordance with the corporation in the corporation in accordance with the corporation in the corporation	the Benefit Director(s) and (Include attach with the required minimu	nd/or Benefit Officer(s), if any: Name and Title: Address:  N A

S:	
	N A
The public benefit for which the corp	poration is organized is:
The public belief the total	portation to organizace to:
	NIA
	1, ( L
· · · · · · · · · · · · · · · · · · ·	
The specific public benefit(s) to be o	created by the corporation (in addition to the above) is/are as follows (optional):
	N) A
	· · · · · · · · · · · · · · · · · · ·
The additional qualifications of Bene	efit Director(s), if any, are as follows:
	- N
	NIA
The name(s) and address(es) of the E	Benefit Director(s) and/or Benefit Officer(s), if any:
	Name and Title:
Name and Title:	Address:
Address:	
	N/A
Address:	N/A
Address:	(Include attachment if necessary)
Address:NA	
Address:  N A	(Include attachment if necessary)
Address:  N A  The corporation, in accordance with	(Include attachment if necessary) the required minimum status vote, terminates its status as a Florida Profit Socia

G.	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
	NIA
	N I A
H. <u>1</u>	If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
	(у на артеане, панеше илу
	N/A

The date of each amendment(s) date this document was signed.	adoption:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders The number of votes cast for the amendment(s) sufficient for approval
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s).
	ist for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
January 8 Dated	
Signature	dy-
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Carlos H Romero Roa
	(Typed or printed name of person signing)
	Director
	(Title of person signing)

if other than the