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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JC ENTERPRISES	S TEAM INC	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	itter to the following:	
	MIRYAM P GUZMAN		
		Name of Contact Persor	1
	JC ENTERPRISES TEAM I	NC	
		Firm/ Company	
	14923 DEVONSHIRE WOO	DDS PL	
		Address	
	TAMPA.FL 33624		
		City/ State and Zip Code	
	jc_enterprises_inc@yahoo.co	on	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
MIRYAM P GUZMA	N	at (<u>813</u>	919-3002
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
□ \$35 Filing Fee	■\$43.75 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 ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Division The Cc 2415 N	Address ment Section n of Corporations entre of Tallahassee 4. Monroe Street, Suite 810 ssee, F1, 32303

Articles of Amendment to Articles of Incorporation of

FILED

JC ENTERPRISES TEAM INC.

2022 JAN 11 PM 12 51

	corr and 11 Luis 21
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P10000070356	. AND THE STATE OF STATE
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the cor	rporation:
	The new
	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	
C. Coronia and Coronia Library Manageria	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX.	ý.
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Agent's Signature, if changing Regist	stered Agent:
hereby accept the appointment as registered agent. To	am familiar with and accept the obligations of the position.
Chronic	ure of New Registered Agent, if changing
Mynau	are by see registered agent, if enanging

Check if applicable

☐ The amendment(s) is/are being 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, 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>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MIRYAM P GUZMAN	6012 MURRAY HILL DRIVE
Add			TAMPA.FL 33615
X Remove			
2) Change	VP	FRANCY J CARRANZA	14923 DEVONSHIRE WOODS P
X Add			TAMPA.FL 34624
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach <i>addi</i>	g or adding additiona itional sheets, if necess	ary). (Be specific)				
						
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		<u>-</u>				
					<u>.</u> .	
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If an ameno	dment <u>provides fo</u> r an	exchange, reclassif	ication, or cancel	lation of issued sha	ires.	
provisions	for implementing the	amendment if not o	contained in the a	mendment itself:		
(if not	applicable, indicate N	A)				
RGE A CAP	RRANZA 51 SHARES					
ANOVIOA	ARRANZA 49 SHARE	<u> </u>	_		•	
	TREATION 49 SHARE					
					· · · · · · · · · · · · · · · · · · ·	
				<u> </u>		
			·			
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The date of each amendment(s) ado date this document was signed.	ption:	, if other than th
01-01-	2022	
Effective date <u>if applicable</u> :	tno more than 90 days after amendment file date	•)
Note: If the date inserted in this blod document's effective date on the Department.	ck does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without sharel	nolder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the an cient for approval.	nendment(s)
	ved by the shareholders through voting groups. The following the voting group entitled to vote separately on the amendme	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	2/23/2021	
Signature	2/23/2021 Miryamp. 603man .	
(By a dire	ctor, president or other officer – if directors or officers have	
appointed	by an incorporator — if in the hands of a receiver, trustee, or fiduciary by that fiduciary	omer court
<u>M</u>	Parallet 1 2mm 8.	
Pŧ	Typed or printed name of berson signing) RESIDENT	
_	(Title of person signing)	