P10000088910

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	; #)
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: JELUMARCA II, INC. DOCUMENT NUMBER: P10000088910 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sofia Powell-Cosio, Esq. Name of Contact Person Sofia Powell-Cosio, P.A. Firm/ Company 1900 SW 3rd Avenue Address Miami, FL 33129 City/ State and Zip Code sofiapc@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 S79-9988 Area Code & Daytime Telephone Number Sofia Powell-Cosio, Esq. Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment Articles of Incorporation of

JELUMARCA II, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000088910

(Document Number of	f Corporation (if known)		RIDA
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Pro	fit Corporation adopts the fo	ollowing amendmer
A. If amending name, enter the new name of the co	orporation:		
•			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A pro		the abbreviation
B. Enter new principal office address, if applicable	e:		
(Principal office address MUST BE A STREET ADD			·
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
D. If amending the registered agent and/or register new registered agent and/or the new registered		ida, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Co	ode)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ept the obligations of the pos	sition.

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 <math>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>	<u>Jones</u>	
_X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P/D	Jesus L. Marin	1900 SW 3rd Ave.
Add			Miami, FL
X Remove			33129
2) Change	S/D	Aracelys D. Penoth	1900 SW 3rd Ave.
Add	 		Miami, FL
X Remove			33129
3) Change	P/D	LUCIARA ROSA MARIN	1900 SW 3rd Ave.
X Add			Miami, FL
Remove			33129
4) Change	S/D	ARACELYS JESUS MARIN	1900 SW 3rd Ave.
X Add			Miami, FL
Remove			33129
5) Change			
Add			
Remove			
6) Change		***************************************	
Add			
Remove			

	icles, enter change(s) here: (Be specific)
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an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
an amendment provides for an excharge ovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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ovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: $(4-13)$
Effective date if applicable: Dec. 31, 2012
Effective date if applicable: Dec. 31, 20/2 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature Luciara Mais P
(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)
LUCIARA ROSA MARIN (Typed or printed name of person signing)
_
President
(Title of person signing)