## PIC OCIC MENTS

| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
| (Ad                     | ldress)           |             |
| (Ad                     | ldress)           |             |
| (Cit                    | ty/State/Zip/Phon | e #)        |
| PICK-UP                 | MAIT              | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



300338660443



T SCHLOSTAFF

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: JASMELLY  | 'INC                                  |   |
|--|---------------------------------------|---|
| DOCUMENT NUMBER: P10000097793  | ·                                     | <u></u>   |
| The enclosed Articles of Amendment and fee   | are submitted for filing.             |   |
| Please return all correspondence concerning the  | his matter to the following:          |   |
| MIGUEL YABOR   |                                       |   |
| <del></del>  | Name of Contact Person                | 1   |
| JASMELLY INC   |                                       |   |
|  | Firm/ Company                         |   |
| 210 S FLAMINGO RC  | DAD                                   |   |
|  | Address                               | ,   |
| PEMBROKE PINES F   | L 33027                               | <b>`</b>  |
|  | City/ State and Zip Cod               | e   |
| maribel.vabor@estrellainsura   | ones com                              |   |
| • 15   | o be used for future annual report    | notification)   |
| 12-mail address. (6  | o be used for fattire annual report   | notification)   |
| For further information concerning this matter   | r plages calls                        |   |
| ror turner information concerning this matter  | r, prease carr.                       |   |
| Maribel Lopez Yabor  | 954<br>at (                           | 257-4668  |
| Name of Contact Person   |                                       | de & Daytime Telephone Number   |
| Enclosed is a check for the following amount   | made navable to the Florida Dens      | artment of State  |
| inclosed is a check for the following amount   | made payable to the Florida Depo      | inthem of state.  |
| ■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St.  |                                       | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)    |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amenc<br>Divisic<br>Clifton<br>2661 E | Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301 |

nheck

## Articles of Amendment Articles of Incorporation

| (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | JASMELLY INC  |  |
|--|---|--|
| (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation:  The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  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, enter the name of the new registered agent and/or the new registered office address:  Nume of New Registered Agent                  | (Name of Corporation as currently                                   | filed with the Florida Dept. of State)                         |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co., A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  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, enter the name of the new registered agent and/or the new registered office address:  Nume of New Registered Agent | P10000097793  |  |
| is Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.", A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  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, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent   | (Document Number of C   | Porporation (if known)   |
| name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," a projessional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  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, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent   |   | Iorida Profit Corporation adopts the following amendment(s) to |
| name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," a professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  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, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent   | A. If amending name, enter the new name of the corporation:         |  |
| "Corp" "Inc" or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  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, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  |   |  |
| 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, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent   | "Corp.," "Inc.," or Co., " or the designation "Corp." "Inc." or "Co | o". A professional corporation name must contain the           |
| 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, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent   | B. Enter new principal office address, if applicable:               | ~*   |
| 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, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent   |   | 20<br>20<br>411  |
| 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, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent   |   | <del></del>  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent   |   |  |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  | C. Enter new mailing address, if applicable:                        |  |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  |   |  |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  |   |  |
| new registered agent and/or the new registered office address:  Name of New Registered Agent   |   |  |
| new registered agent and/or the new registered office address:  Name of New Registered Agent   |   |  |
| Name of New Registered Agent   |   | ss in Florida, enter the name of the                           |
|  | new registered agent and/or the new registered office address:      |  |
| (Florida street address)   | Name of New Registered Agent  |  |
| (Florida street address)   |   |  |
|  | (Florida stree  | t address)   |
| New Registered Office Address:   | New Registered Office Address:                                      | . Florida  |
| New Registered Office Address:, Florida  |   | ity) (Zip Code)  |

New Registered Agent's Signature, it 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:                      | оче, ана запу .    | Smin, Sv as an Aaa. |                          |
|-------------------------------|--------------------|---------------------|--------------------------|
| X Change                      | <u> </u>           | ohn Doe             |                          |
| X Remove                      | <u>V</u> <u>N</u>  | <u>like Jones</u>   |                          |
| X Add                         | <u>sv</u> <u>s</u> | ally Smith          |                          |
| Type of Action<br>(Check One) | <u>Title</u>       | <u>Name</u>         | <u>Addres</u> s          |
| 1) Change                     | VP                 | JASMINE YABOR       | 3553 DAVIE BLVD          |
| X Add                         |                    |                     | FORT LAUDERDALE FL 33312 |
| Remove                        |                    |                     | <del>.</del>             |
| 2) Change                     |                    |                     |                          |
| Add                           |                    |                     |                          |
| Remove                        |                    |                     | 20                       |
| 3 ) Change                    |                    | <del></del>         |                          |
| Add                           |                    |                     |                          |
| Remove                        |                    |                     |                          |
| 4) Change                     |                    |                     | <b>(1)</b>               |
| Add                           |                    |                     |                          |
| Remove                        |                    |                     |                          |
| 5) Change                     |                    |                     |                          |
| Add                           |                    |                     |                          |
| Remove                        |                    |                     |                          |
| 6) Change                     |                    | <del></del>         |                          |
| Add                           |                    |                     |                          |
| Remove                        |                    |                     |                          |

E. H'amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) N/A 80 F. 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) N/A

|   | 11/08/2019  |                      |
|---|---|----------------------|
| The date of each amendment(s) a<br>date this document was signed.     | idoption:   | _, if other than the |
| 11/   | 08/2019   |                      |
| Effective date <u>if applicable</u> :                                 | (no more than 90 days after amendment file date)  |                      |
|   |   |                      |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, this date will a<br>department of State's records.                          | not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |                      |
| ☐ The amendment(s) was/were ad<br>by the shareholders was/were s      | dopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.   |                      |
|   | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): |                      |
| "The number of votes cas  | t for the amendment(s) was/were sufficient for approval   |                      |
| by  | (voting group)  |                      |
|   | (voting group)  |                      |
| ☐ The amendment(s) was/were ad action was not required.               | lopted by the board of directors without shareholder action and shareholder   |                      |
| The amendment(s) was/were ad action was not required.                 | lopted by the incorporators without shareholder action and shareholder  | ) -                  |
| 11/08/201   |   |                      |
| Dated   |   | •                    |
| Signatura   | Hora  | •                    |
| Signature<br>(By a c  | director, president of other officer – if directors or officers have not been   | -                    |
|   | ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)                             |                      |
|   | MARIBEL LOPEZ YABOR   |                      |
|   | (Typed or printed name of person signing)   | <del></del>          |
|   | SECRETARY   |                      |
|   | (Title of person signing)   |                      |