P11 00000 5905

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000376431030

appetive date 11-24-21



11/12/21--01034--011 **35.00

A. RAMSEY DEC 07 2021

COVER LETTER

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3.

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Jet J Homie Community Support DOCUMENT NUMBER: P11000005905 COT
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jorgo L Gonzalez Name of Contact Person JJ Holins of Contact Person JJ Holins of Contact Person Firm/ Company Address MFAMI, FI 33175 City/ State and Zip Code JE mail address: (to be used for future annual report not frication)
= Small address, to be used for fature annual report notification,
For further information concerning this matter, please call:
Sorge & Ganzalet at (786) 409 2722 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

effective date 11.24-21

Articles of Anomal Articles of Incorporation

Articles of Incorporation

of

Articles of Incorporation

of

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

P10000005905

(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) to 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.", 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)

Man, Fl. 33175

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

24505W 137MUR Suite 225 MIRMI, FT 33175

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		
	(Florida street address)	
New Registered Office Address:		, Florida
	(Cip)	(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.

Signature of New Registered Agent, if changing

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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change			
Add			-
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		_	
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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If an amendment provides for an exat	hange, reclassification, or cancellation of issued shares,
ir an amenument provides for all eter	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: // 24 CO 21	
Effective date if applicable: 11 24 2021 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	in and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Signature (By a director, president of 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)	
President	
(Title of person signing)	