## P11000051757

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Amendicus

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## COVER LETTER

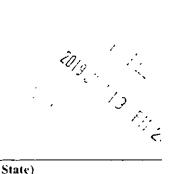
TO: Amendment Section Division of Corporations

, Y ,

NAME OF CORPORA	TION:	ALFARO JAN	
DOCUMENT NUMBE	R:	P11000051757	
The enclosed Articles of	Amendment and fee are so	abmitted for filing.	
Please return all correspo	ondence concerning this ma	atter to the following:	
		CARLOS I ARGUELLO	)
_	<del></del>	Name of Contact Person	
		ALFARO JAN INC	
_		Firm/ Company	
		2037 NE 163 ST	
_		Address	•
_	No.	orth Miami Beach, Florida, 3	33162
		City/ State and Zip Code	:
	CIARC	UELLOLENDING@GMA	IL.COM
	E-mail address: (to be u	sed for future annual report	notification)
For further information e	oncerning this matter, plea	se call:	
CARLOS	I. ARGUELLO	at (786	390 7482
Name of Contact Person		Area Coo	le & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Amenc Divisic P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## ALEARO JANINO

	ALFARO	JAN INC	
(Name)	of Corporation as curren	tly filed with the Florida Dept. of State)	
	P11000	051757	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	ation "Corp," "Inc." or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address,	if applicable:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
(Principal office address MUST BE A STREET ADDRESS)		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
		xxxxxxxxxxxxxxxxxxxxxxxx	
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
	XXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	(Florida s	treet address)	
New Registered Office Address:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
		(City) (Zip Code)	
New Registered Office Address:		, Florida	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nt: 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, ar 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 offic held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc 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:		y	
X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change			-
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u>S</u>	CARLOS I. ARGUELLO	2037 N. E. 163 STREET
Add			N.M.B. FLORIDA, 33162
X Remove			
6) Change	CEO	CARLOS I. ARGUELLO	2037 N.E. 163 STREET
X Add			N.M.B. FLORIDA, 33162
Remove			

	(Be specific)
<del></del>	<del></del>
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	JUNE 15, 2019	
The date of each amendment(s) ado	ption:	, if other than
date this document was signed.		
Cffontius data if applicable.	JUNE 15, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this blo document's effective date on the Depart	ick does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment icient for approval.	n(s)
	oved by the shareholders through voting groups. The following state ach voting group entitled to vote separately on the amendment(s):	ement
	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
DatedSignature	JUNE 15. 2019	
(By a dire	eytor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other conditional diductory by that fiductory)	
,	JOSMIG ALFARO	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
_	(Title of person signing)	

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