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(Re	equestor's Name)	
(Ad	Idress)	
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(Ci	ty/State/Zip/Phone	e #)
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C GOLDEN NOV - 8 2019

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: JGR 4251 INC

DOCUMENT NUMBER: P11000053246 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CARMEN T. GOLDIN Name of Contact Person Firm/ Company 401 CAMPANA AVE

Address

M.A.M. FL 33156

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CANTEN T. GORN at (786) 426 - 5779

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 □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

$\mathcal{J}\epsilon$	a R	4251	INC

2019 OCT 21 PH 12: 13

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

F	11000053246
	iment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the	corporation:
	The no
	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applical	de:
(Principal office address <u>MUST BE A STREET AI</u>	ODRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)
D. If amending the registered agent and/or registered	ered office address in Florida, enter the name of the
new registered agent and/or the new registere	d office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Negwierea Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing R	
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: X Change		1 Doe	
X Remove		e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	MGR	ROSOLFO GORRIN	4333 NW 114th PATH MiAMI, FL 33178
Add			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding add Attach <i>additional sheets, if r</i>	necessary). (Be spe	ecific)			
N/A					
					<u> </u>
· ······					
			=	· · · · · ·	
·					
					
an amendment provides	<u>for an exchange, re</u>	classification, or c	ancellation of issu	ed shares,	
<u>provisions for implementi</u> (if not applicable, indic	rate N/A)	<u>f not contained in</u>	the amendment it	<u>sel1:</u>	
N/A	,				
		-			
					
	-				

The date of each amendment(s) adoption	09/30/2019 09/30/2019	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	09/30/2019	
Effective date it applicable.	09/30/2019 (no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes east for the ament for approval.	endment(s)
	I by the shareholders through voting groups. The followin voting group entitled to vote separately on the amendment	
	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and s	hareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and share	holder
Dated	30/2019 Dusto.	
selected, by	president or other officer – if directors or officers have an incorporator – if in the hands of a receiver, trustee, or of duciary by that fiduciary)	
	CARMEN T. GORRIN	
	(Typed or printed name of person signing)	
	MGR / RA	
	(Title of person signing)	