P11000068738

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(Document Number)
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10.20/20-01015--000 **15.00

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _

DOCUMENT NUMBER: P11000068738

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER CALVIN

Name of Contact Person

Firm/ Company

1301 SW 15TH AVE

Address

FORT LAUDERDALE, FL 33312

City/ State and Zip Code

jennycalvin@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (<u>954</u>) Area Code & Daytime Telephone Number 19 :01:11 - 15 - 1 FC-1

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JCPS ENTERPRISES INC.

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

P11000068738

(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.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

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

imending the registered agent ar v registered agent and/or the new	nd/or registered office address in Florida, enter the name of w registered office address:	<u>the</u>	
Name of New Registered Agent	JENNIFER CALVIN		
	1301 SW 15TH AVE		
	(Florida street address)		
<u>New Registered Office Address:</u>	FORT LAUDERDALE	ida	Ē
	(Citv)	(Zip C	'ude)

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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.

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	ignature 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:**

X Change <u>PT</u> John Doe X Remove Y Mike Jones <u>X</u> Add SV Sally Smith Type of Action <u>Title</u> Address <u>Name</u> (Check One) D/P/S PAUL SENDLES 1301 SW 15TH AVE 1) ____ Change FORT LAUDERDALE, FL ____ Add Х 33312 Remove 2) X **PVPDTS** JENNIFER CALVIN 1301 SW 15TH AVE __ Change FORT LAUDERDALE, FL ____ Add 33312 ____ Remove 3) ____ Change ____ Add _____, دې _____ Remove 4) ____ Change <u>;</u> ____ Add 5 ____ Remove 5) ____ Change Add ___ Remove 6) ____ Change ____ Add ____ Remove

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		i lũ:
provisions for implementing the amendment if not contained in the amendment itself:		\subseteq
(if not applicable, indicate N/A)	· · · ·	ē
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The date of each amendment(s) adoption:	 , if other than the
date this document was signed.	

Effective date if applicable:

(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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

□ 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

(voting group)	
Dated 10 - 26 - 23	
Signature	
(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)	
JENNIFER CALVIN	, -
(Typed or printed name of person signing)	
P/VP/D/T/S	

(Title of person signing)