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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Ja Cohen DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Address For further information concerning this matter, please call: amber Cohen at (239) QQ - 2020 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee 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 P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

Ja Cohen Corp	•			
		filed with the Florida	Dept. of State)	
	100000		1006251	ξ
		Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this I	Florida Profit Corpora	tion adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the c		Kasta a Mar	مندبلايده	Services Con
name must be distinguishable and contain the wo		" "company." or	corporated" or	the abbreviation -1
"Corp.," "Inc.," or Co.," or the designation "Corp.	p," "Inc," or "C	o". A professional co	orporation name	must contain the
word "chartered," "professional association," or the	e abbreviation "I	?.A. "		322 F M
B. Enter new principal office address, if applicable				型の量の
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)			200 13
				2 2
				<u> </u>
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>0X</u>)		·	
			·	
				·
D. If amending the registered agent and/or register		ss in Florida, enter th	e name of the	
new registered agent and/or the new registered	office address:			
Name of New Registered Agent				
	(Florida stree	et address)		1
New Registered Office Address:			. Florida	
	(0	City)	,	(Zip Code)
New Registered Agent's Signature, if changing Reginery in the Agent's Signature, if changing Reginery is the Agent.		ith and accept the oblic	rations of the nosi	ition
mentaly are appointment as registered agent.	· was juminus ni	a.m accept the oong	amana oj ine posi	nion.
٠,				
Sign	nature of New Re	gistered Agent, if chang	eine	

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	PT Joh	un Doc	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	COO	Joshua Cohen	3290 19th avr.5W
X Add	•		Noples, FL. 34117
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			-
Add	•;		
Remove	. •		
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	<u></u>			
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	1				
f an amendment provides for an exch.	ange, reclassificat	ion, or cancell	ation of issued	shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not cont	ained in the a	mendment itsel	<u>if:</u>	
(y not appreasse, materic 1971)					
				···	

	other than th
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	e listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ 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	
by"	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3/21/2017	
Signature Only Cohen	
(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)	
Amber Cohen (Typed or printed name of person signing)	
President	
(Title of person signing)	