P13000045783

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JCN IMPORT EX	PORT, CORP.		
DOCUMENT NUMBI				
The enclosed Articles o	f Amendment and fee are su	ibmitted for filing.		
Please return all corresp	ondence concerning this ma	itter to the following:		
A	NDREA FERREIRA			
		Name of Contact Person	n	
A	SSURED ACCOUNTING	AND TAX SERVICES		
_		Firm/ Company		
3	350 NW 22ND TER STE B	3-200		
_		Address		
P	OMPANO BEACH, FL 330	060		
_		City/ State and Zip Cod		
LSPTR	ADINGINC@GMAIL.COI	M		
		sed for future annual report	notification)	
		•	,	
For further information	concerning this matter, pleas	se call:		
ANDREA FERREIRA		954 at (793-0353	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	1g Address	Street	Address	
	dment Section		ment Section	
	on of Corporations		n of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 266 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JUN IMPORT EXPORT, CORP.				
(Name	of Corporation as currently	filed with the Florida	Dept. of State)	
P13000045783				
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this <i>Fl</i>	'orida Profit Corporatio	on adopts the following	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations	nation "Corp," "Inc," or "Co	o". A professional cor		
B. Enter new principal office address,				
(Principal office address <u>MUST BE A</u> S	STREET ADDRESS)			三部
				St. 227
				- <u>P</u>
C. Enter new mailing address, if appl				3.35
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			
				63
D. If amending the registered agent an new registered agent and/or the ne		s in Florida, enter the	name of the	
new registered agent and/or the ne	GUSTAVO H. MOL DE PA	UI A		
Name of New Registered Agent				
	1000 E. ATLANTIC BLVD	Ste 219		
	(Florida street	t address)		
New Registered Office Address:	Pompano Beach		, Florida	<u></u>
	(City)		(Zip C	(ode)
New Registered Agent's Signature, if o	shanging Degictored Accepts			
I hereby accept the appointment as regis		h and accept the obliga	tions 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	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
_ <u>X</u> Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	P	JOAO P. MOL DE PAULA	1000 E, ATLANTIC BLVD # 219	
Add X Remove			POMPANO BEACH, FL 33060	
2) Change	P	GUSTAVO H. MOL DE PAULA	1000 E. ATLANTIC BLVD # 219	
X Add	-	,	POMPANO BEACH, FL 33060	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach <i>addit</i>	or adding additional tional sheets, if necessar	y). (Be specific)	ugo(s) nei e.		
···					
	-				
		·			
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			<u></u>		
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				<u> </u>	
provisions	Iment provides for an e for implementing the s applicable, indicate N/A	imendment if not c	cation, or cancella ontained in the am	tion of issued shar rendment itself:	res,
		<u></u> .			
		···			

•	09/16/2015	
The date of each amendment(s)	idoption:	, if other than th
date this document was signed.		
09 Effective date <u>if applicable</u> :	16/2015	
Enterité date <u>il application</u>	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were as by the shareholders was/were	opted by the shareholders. The number of votes east ufficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. The reach voting group entitled to vote separately on the	
"The number of votes cas	t for the amendment(s) was/were sufficient for approv	al
by	(voting group)	"
	(voting group)	
action was not required.	opted by the board of directors without shareholder acopted by the incorporators without shareholder action	
•	_	
~8	mac P. Mol de Sala	
	director, president or other officer - if directors or off	
	ed, by an incorporator – if in the hands of a receiver, to ted fiduciary by that fiduciary)	rustee, or other court
V	JOAO P. MOL DE PAULA	
	(Typed or printed name of person signing	<u>g)</u>
	PRESIDENT	
	(Title of person signing)	