

4045205473

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160001809133)))



H160001809133ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

RC TAX SERVICE LLC

Account Number

I20140000083

Phone

(407)932-0040

Fax Number

(407)520-5473

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# COR AMND/RESTATE/CORRECT OR O/D RESIGN JRL ASSOCIATES USA CORP

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



# 41600010001113 3

#### COVER LETTER

TO: Amendment Section

Division of Corpora	tions		
NAME OF CORPORA	TION:IRL ASSOCIAT	TES USA CORP	
DOCUMENT NUMBER			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please rotum all correspo	ndence concerning this ma	tter to the following:	
		CLAUDINA LOPEZ	
<del></del>		Name of Contact Person	
	JEL	L STATOTEER _	ISA Corp
<del></del>		Firm/ Company	
		ART LAGO MESA WA	.v
		Address	
		KISSIMMEE, FL 347	43
_		City/ State and Zip Code	3
	TR 7 A 3 T	UAROTEZCUOCHAU C	VOM
	,	VASQUEZCH@GMAIL.C	
	To the state of the period	en tot totale amingraelieut	Houndarion
For further information c	oncerning this matter, pleas	se cali:	
CLAUDINA LOPEZ		at ( <sup>407</sup>	709 3966
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	he following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Foc	□\$43.75 Filing Fee & Cartificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52,50 Filing Foc Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
	iment Section	Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
P.O. Hox 6327 Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

H16000190913 3

Articles of Amendment

•	to Articles of Inco of	rporation		
	JRL ASSOCIATES USA CORP			•
(Name of Corpo	ration as currently	filed with the Florida Dept. of S	tato)	
	P13000	0050071		
(Dc	cument Number of	Corporation (if known)	<b>V</b> .	•
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation;	orida Statutes, this F	Iorida Profit Corporation adopts t	he following amen	dment(s) t
A. If amending name, enter the new name of the	e corporation:			
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "C the abbreviation "P	o". A professional corporation r		tion
B. Enter new principal office address, if application (Principal office address MUST BE A STREET)	<u>cable:</u> ADDRESS)	KISSIMMEE, FL 34743		_
C. Enter new mailing address, if applicable:				<del>-</del>
(Mailing address MAY BE A POST OFFICE		128 IIIDISCUS LN		
		KISSIMMEE, FL 34743	<u> </u>	<del></del>
D. <u>If amending the registered agent and/or registered agent and/or the new registered</u>	istered office addre red office address:	55 in Florida, enter the name of t	he.	<b></b>
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·		
	!			
	(Florida stree	t address)		
New Registered Office Address:		, Flori	da	
	: <b>(</b> (	City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	nt. I am familiar wi	th and accept the obligations of the	SCHOOL 27 P 2: 4 SCHOOL ARY OF STARK TALLENHASSE FLORID	

Evamala

## H160001809133

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.

X Change	PT J	ohn Doe	;	
X Remove	<u>v</u> <u>n</u>	Mike Jone	<u>.</u> 28. ;	
X Add	<u>sv</u> s	Sally Smit	<u>th</u>	
Type of Action (Check One)	Title	1	Name	<u>Addres</u> s
1) Change	VP	r	VAN C. VASQUEZ CHACIN	4107 BELL TOWER CT
X Add			;	APT. 204
Remove			:	KISSIMMEE, FL 34741
2) Change	VP	1	IVIAN ALTAGRACIA	1651 BRYAN ST
, Add	• • • • • • • • • • • • • • • • • • • •	-	!	KISSIMMEE, FL 34746
X Remove			·	
3)Change		-	, , , , , , , , , , , , , , , , , , ,	
Add				
Remove			•	
4) Change				
Adđ			!	
Remove			1	
5) Change		_		
Add			!	<del>, , , , , , , , , , , , , , , , , , , </del>
Remove			:	
6) Change				
Add		-	,	
Remove	•		; .	<del>-</del>

JUL-27-2016 16:13 From:

4045205473

To:8506176380 Page:5/6

E 819081001211.

### CCIMCIONNAIL

The date of each amendment(s) adoption	;, if other than th
date this document was signed.	i i vind sidil ii
Effective date if applicable:	<u> </u>
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block dedocument's effective date on the Department	ses not meet the applicable statutory filing requirements, this date will not be listed as that of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
☐ The amendment(s) was/were approved be must be separately provided for each verified to the separately provid	y the shareholders through voting groups. The following statement sting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval
<b>b</b> y	,17
	(voting group)
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wore adopted by action was not required.	the incorporators without shareholder action and shareholder
Dated 07/27	115
- (1	ha koft
Signature Clause	ha kerz
(By a director,	president or other officer — if directors or officers have not been incorporator — if in the hands of a receiver, trustee, or other court
appointed fidu	ciery by that fiduciary)
	CLAUDINA LOPEZ
	(Typed or printed name of person signing)
	President.
<del></del>	(Title of person signing)