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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	(ATION:	RNANDEZ ENTERPRIS	ES CORPORATION			
DOCUMENT NUME	P130000920	009				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this made	ter to the following:				
	JUAN R HERN	IANDEZ				
		Name of Contact Persor	1			
THE JUAN R HERNANDEZ ENTERPRISES CORPORATION						
		Firm/ Company				
	2621 SW 26 LANE					
		Address				
	MIAMI, FLORII	DA 33133				
		City/ State and Zip Cod	e			
	David Albara (a bassa	ed for future annual report	notification)			
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
JUAN R HE	ERNANDEZ	at (786	5460259			
Name	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				
ran	wasannishing a air praint t	Tallahassee, FL 32301				

Articles of Amendment

fo Articles of Incorporation of

The Juan R Hernandez	Enterprises Corporation	2
(Name of Corporation as currently filed wit	h the Florida Dept. of State)	
<u> </u>	009	
(Document Number of Corpor	ation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporate JUAN R HERNANDEZ ENTER		ar.
name must be distinguishable and contain the word "corp." "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc, word "chartered," "professional association," or the abbrevi	poration," "company," or "incorporated" or the c ," or "Co". A professional corporation name must	The new abbreviation contain the
	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		_
(a this space of the same as most be his facel house, as		-
b, 1		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(MAINTE AT OST OF FICE BOX)		
•		-
		_
D. If amending the registered agent and/or registered offic	and duose in Claude, anton the name of the	
new registered agent and/or the new registered office as	ddress;	A
Name of New Registered Agent N/A		ယ က
Name of New Registered Agent		DEC
(Flori	rida street address)	26 He
NI/A	nua sir eer adur ess)	70
New Registered Office Address:	(City) , Florida (Zip Code)	
	(Exp Code)	.
		-
New Registered Agent's Signature, if changing Registered A	Agent:	
hereby accept the appointment as registered agent. I am fam	niliar with and accept the obligations of the position.	
Signature of New Regist	ered 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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change		N/A		N/A
Add				
Remove				
2) Change				
Add Add				
Remove				
3) Change				
Add				
Remove				
4) Change	 .			
Add				
Remove				
5) Change				
Add				
Remove				
Kentove				
6) L Change				
Add				
Remove				

(Attach add	litional shee	g additional <i>E</i> is, if necessar	y). (Be spe	ecific)	<u>no.e</u> .			
I/A								
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					<u> </u>			
. If an amei	ndment pro	vides for an e	xchange, re	classificatio	n, or cancella	tion of issued	shares,	
provision	is for imple	menting the a	mendment i	if not contai	ned in the am	endment itse	<u>lf:</u>	
	ot applicable	, indicate N/A)					
I/A	<u>-</u> .						72.	
 .								
				<u></u>				
						······································		

The date of each amendment(s) adoption: N/A date this document was signed.	, if other than the
A1/A	
Effective date if applicable: N/A (no more than 90 days after amendment file date)	_
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"	
(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 12/17/13	
Signature / / Storeful	
(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)	
June R Deinis ndoz	
(Typed or printed name of person signing)	-
(nesident.	
(Title of person signing)	