P14000063651

(Re	questor's Name)	
(Ad	dress)	
DA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
-		

Office Use Only



300323898653

02/01/19--01013--014 **35.00

R. WHITE FEB! 1: 2019



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JCC HOME IMPR	OVEMENT INC	
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	EDVAL DA CRUZ		
		Name of Contact Persor	
	JCC HOME IMPROVEMEN	ET INC	
		Firm/ Company	
	P O BOX 1913		
		Address	
	INDIANTOWN, FL 34956		
		City/ State and Zip Code	
EDDY	NALEXA@YAHOO.COM		
	•	sed for future annual report	notification)
		·	
For further information	concerning this matter, pleas	se call:	
EDVAL DA CRUZ		at (<u>561</u>	503-9869
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□S43.75 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 Tallahasson, FL 32314		Amend Divisie Clifton	Address Iment Section on of Corporations Building Securice Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

FILED
2019 FEB - I PM 4:31

CC HOME IMPROVEMENT INC

JCC HOME IMPROVEMENT INC	- PM 4:31
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P1400068651	TALL ATTASSEE, FI
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	us Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	ldress in Florida, enter the name of the ess:
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations 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, (f 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	<u>PT</u>	John De	<u>ve</u>	
X Remove	\underline{V}	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	VP		ALEXANDRA DE JESUS CRUZ	P O BOX 1913
X Add				INDIANTOWN, FL 34956
Remove				
2) X Change	P		EDVAL DA CRUZ	P O BOX 1913
Add				INDIANTOWN, FL 34956
Remove				
3) Change				
Add				
Remove				
4) Change				·
Add				71.
Remove				
5) Change				
Add			<u>.</u>	
Remove				
6) Change	~ -	_		
Add				
Remove				

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
<u> </u>		

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
 	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided.	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes ea	ist for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	idopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	idopted by the incorporators without shareholder action and shareholder	
01/28/19 Dated		
£:		
selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court binted tiduciary by that fiduciary)	
	EDVAL DA CRUZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	