

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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MEMASSIL FESSIS

OCT 12 2015

R. WHITE

COVER LETTER

Division of Corporations				
NAME OF CORPORATION:	Jusulance Agency Ix II			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning th				
6781 W 1	Name of Contact Person Firm/ Company Address Li Fl 33/44 City/ State and Zip Code 20 9 mail Com be used for future annual report notification)			
(
For further information concerning this matter,	please call:			
Name of Contact Person	at (305) 4/8-0/43 Area Code & Daytime Telephone Number			
	nade payable to the Florida Department of State:			
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta				
Malling Addus-	Street Address			

Mailing Address

TO: Amendment Section

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 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	of	FILED
314 tosoka	ce Agency tix	TT 15 OCT 12 PH 1 . 21
(Name of Co	rporation as currently filed with	the Florida Dept. of State)
P140000 89	561	Salanta Tall antsei et et tale.
	(Document Number of Corporation	
uant to the provisions of section 607.1006 rticles of Incorporation:	, Florida Statutes, this <i>Florida Pro</i> j	fit Corporation adopts the following amendmen
f amending name, enter the new name o	of the corporation:	
		The new ny, " or "incorporated" or the abbreviation
l "chartered," "professional association," Inter new principal office address, if apparents of the street of the s	" or the abbreviation "P.A." plicable:	fessional corporation name must contain the
Enter new mailing address, if applicable Mailing address MAY BE A POST OFFI f amending the registered egent and/or	<u></u>	In cutou the name of the
f amending the registered agent and/or new registered agent and/or the new reg	<u>registered office address in Floric</u> istered office address:	la, enter the name of the
Name of New Registered Agent		
7.		
	(Florida street address)	
New Pagistered Office Address		Planida
TEN NERISIEIEU Office Address:	(City)	, Florida(Zip Code)
New Registered Office Address: w Registered Agent's Signature, if changing accept the appointment as registered of the appointment appointment appointment as registered of the appointment app	(City) ing Registered Agent:	· · ·
	Signature of New Registered Ag	ent, 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	PT John Doe	
X Remove	V <u>Mike Jones</u>	
_X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
l) Change	UP Chlaw-b Lopez.	6781 W Flagler St
Add		Minni, F/ 33144.
X Remove		
2) Change	VP. Julio C. Pera	6781 W Flagler St Hicri Fl 33144
X Add		Hicui 1 33144
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
Troutio 40		
6) Change		
Add		
Remove		

	sheets, if necess	al Articles, enter sary). (Be spec	ific)			
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	provides for a	n exchange, recl e amendment if	assification, or c not contained in	ancellation of is the amendmen	sued shares, itself:	
<u>provisions for in</u>	cable, indicate N	7/A)				
<u>provisions for in</u>	aplementing thi Cable, indicate N	//A)				
<u>provisions for in</u>	able, indicate N	//A)				
<u>provisions for in</u>	able, indicate N	//A)				
<u>provisions for in</u>	able, indicate N	//A)				
<u>provisions for in</u>	able, indicate N	//A)				

The date of each amendment(s) adoption: 9/30//5	, if other than the
Effective date if applicable: 9/30/15 (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 document's effective date on the Department of State's records.	not be listed as the
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.	
09/20/15	
Dated	
Signature	
(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)	
Wictor T Original	
(Typed or printed name of person signing)	
Dracidant	
(Title of person signing)	<u> </u>