## P15000003799

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: JENGIMIEL CA	CORP				
DOCUMENT NUM	BER: P15000003799					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	ROSA RAMIREZ PEREZ					
	Name of Contact Person					
	JENGIMIEL CA CORP					
	Firm/ Company					
	8413 NW 68 ST					
		Address	,			
	MIAMI FL 33166					
		City/ State and Zip Code				
	rosaramirez56@me.com					
	E-mail address: (to be used for future annual report notification)					
	on concerning this matter, plea					
ROSA RAMIREZ PI		at (	_) 371-5841			
Name	of Contact Person	Area Cod	e & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Divisior The Ce 2415 N	address nent Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810 see, FL 32303			

## Articles of Amendment to Articles of Incorporation of

JENGIMIEL CA CORP

	JENOIN	WILL CA CORT		
(Name	of Corporation as cur	rrently filed with the Florida Dept. of State)		
	P150	000003799		
<del></del> .	(Document Num	ber of Corporation (if known)		
ursuant to the provisions of section 607. s Articles of Incorporation:	.1006, Florida Statutes.	, this Florida Profit Corporation adopts the following	ng amendment(s) t	
. If amending name, enter the new n	ame of the corporatio	on:		
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	Corp," "Inc," or "Co	n," "company," or "incorporated" or the abbreviation. A professional corporation name must contain P.A."	_The new on "Corp.," in the word	
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )		8413 NW 68 ST		
		MIAMI FL. 33166		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8413 NW 68 ST	8413 NW 68 ST	
		MIAMI FL. 33166		
If amending the registered agent an new registered agent and/or the new		e address in Florida, enter the name of the dress:		
Name of New Registered Agent			<b></b>	
			_	
	(Flori	ida street address)		
New Registered Office Address:	8413 NW 68 ST	MIAMI , Florida 33166		
		(City) (Zip)	Code)	
ew Registered Agent's Signature, if c nereby accept the appointment as regist		Agent: iliar with and accept the obligations of the position.	2021 JUL	
			. 27	
<del></del>	Signature of N	lew Registered Agent, if changing	- - 	
neck if applicable			<del></del> ,	
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.			£1	

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 Do	oe.	
-				
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				<del>_</del>
Remove 3) Change		<del></del>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	(Be specific)
"	
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f an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

	07/22/2021	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	(e)
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the a ufficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
O7/22/202 Dated	irector, president or other officer – if directors or officers hav	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, o ted fiduciary by that fiduciary)	r other court
	ROSA RAMIREZ PEREZ	
	(Typed or printed name of person signing)	<u>-</u>
	PRESIDENT	
	(Title of person signing)	