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TO: Amendment Section

Division of Corporations

NAME OF CORPORA	TION:	JF S	TUCCO	Capocation 2287
DOCUMENT NUMBE		100027	2287	
The enclosed Articles of	Amendment and fee are su	bmitted for filin	g:	
Please return all correspo	ondence concerning this ma	tter to the follow	ving:	
		JUAR	F. Alva	naclo o Capustrón
_		niact Person		
_		STUCC	o Capactión	
		ompany		
7935 U			Doodsin	ove CIZ
Addr			ress	
			74 3.	3615
_	· -	City/State ar	nd Zip Code	
		•	,	
	E-mail address: (to be us	sed for future an	nual report noti 	fication)
			,	
For further information of	oncerning this matter, pleas	se call:		
Jua	in F. Alvarac	o at (813	405 - 6914 & Daytime Telephone Number
Name of	Contact Person	: w \-	Area Code &	& Daytime Telephone Number
			ļ	
Enclosed is a check for t	he following amount made	payable to the r	iorida Deparimi -	ent of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fili Centified C (Additional enclosed)	ppy	1\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assec, FL 32314		Clifton Bui 2661 Execu	nt Section Corporations

Articles of Amendment

to

Articles of Incorporation

of

JFSn	icco Conposation
\ 	tly filed with the Florida Dept. of State)
P1500	0022287
(Document Number	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s 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 "corporati "Corp.," "Inc.," or $Co.$," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "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>)	7935 Woodgwe Cir Tampa 76 33615
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Blatting dataress MAT BLATOST OFFICE BOA)	1935 Wood grove CIIZ Taupa, 76 33615
D. If amending the registered agent and/or registered office add	
Name of New Registered Agent Name of New Registered Agent	van F. Alvando Vocagnive CIE
7936	Woodgive CIE
(Florida s	treet address)
	(City) Florida 336/5 (21) Cap Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. Lam familiar	t: with and accept the obligations of the position.
	Registered Agent, if changing
(Signature of New	Registered Agent, if changing

address of each Officer (Attach additional sheets, Please note the officer/di. P = President: V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D , if necess, rector title President, = Chief F r, Directof in the follows the co	eary) by the first letter of the office title: The Treasurer: S= Secretary; D= Director: TR= Financial Officer. If an officer/director holds more or would be PTD. Ilowing manner. Currently John Doe is listed as to orporation, Sally Smith is named the V and S. The.	= Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
\underline{X} Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>_P</u>	Lizvette Alvenach	5106 Ravensdale Ury Tampa, 71 33624
Add Remove			12M/14, +L 33629
2) Change	<u>P</u>	Juan F. Alvando	7935 Woodgre CIZ Toupa, 76 33615
Remove 3) Change			
Add Remove			
4) Change Add		_	
Remove			
5) Change			
Add Remove			
6) Change			
Add			·

_ Remove

Attach additional sheets, if necessary). (Be specific)	<u>nerė</u> :
Attach talamonal sheets, if necessary, the specific	
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	-
	l distribution of the state of
f an amendment provides for an exchange, reclassification, provisions for implementing the amendment if not contains	or cancenation of issued snares,
provisions to implementing the amenament it not contain.	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: _ date this document was signed.	7-	26-	2017	, if other than the
Effective date if applicable:	9-	26-	2017	
	(no more than 90 da	ys after an	nendment file date)	
Note: If the date inserted in this block does document's effective date on the Department		statutory	filing requirements, t	his date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)			
The amendment(s) was/were adopted by the shareholders was/were sufficient for		nber of voi	es cast for the amend	ment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voti	the shareholders throughing group entitled to vote	voting gro	oups. The following so on the amendment(s	latement):
"The number of votes cast for the an	nendment(s) was/were su	fficient for	approval	
by	voting group)	 	·"·	
☐ The amendment(s) was/were adopted by the action was not required.		hout sharch	older action and shar	eholder
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without	shareholde	r action and sharehole	der
DatedSignature	7-26-2017			
(Ply director, pr (selected, by an ir	resident or other officer - neorporator – if in the ha ary by that fiduciary)			
	(Typed or printed nam	JAN	F. Alvard	<u> </u>
	(Typed or printed nam	e of person	signing)	
<u></u>		The	oident	
	(Title of pe	erson signii	ng)	

Page 4 of 4