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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FRANJORCA CORP

DOCUMENT NUMBER: P15000043702

The enclosed Articles of Amendment and fee are submitted for tiling.

Please return all correspondence concerning this matter to the following:

CARLA RENDON

Name of Contact Person

FRANJORCA CORP

Firm/ Company

3235 NE 184TH ST UNIT 11204

Address

NORTH MIAMI BEACH FL 33160

City/ State and Zip Code

carlarendon6@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLA RENDON

Name of Contact Person

_ at (<u>305</u>) <u>504-0752</u> Area Code & Daytime Telephone Number ar Jan 6114131

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ \$35 Filing Fee Certificate of Status (Additional copy is enclosed)

> <u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ing Fee & S52.50 Filing Fee Copy Certificate of Status copy is Certified Copy (Additional Copy is enclosed)

> <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FRANJORCA CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000043702

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

3235 NE 184TH ST UNIT 11204

_The _new

NORTH MIAMI BEACH FL 33160

C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)			3235 NE 184TH ST UN	3235 NE 184TH ST UNIT 11204	
			NORTH MIAMI BEACI	1 F1, 33160	<u>َ</u>
D.	If amending the registered agent ar new registered agent and/or the new			me of the	11 0
Name of New Registered Agent	CARLA RENDON			C	
	3235 NE 184TH ST UN	FT 11204			
		(Florida s	treet address)		_
	<u>New Registered Office Address:</u>	NORTH MIAMI BEACI	II		
			(City)	(Zip	Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam familiar 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, 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:

<u>X</u> Change	\underline{PT}	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
1) X Change	PSD	RENDON LUGO, CARLA	3235 NE 184TH ST UNIT 11204
Add			NORTH MIAMI BEACH
Remove			FLORIDA 33160
2) Change			
Add			
Remove			
3) Change			·
Add			
Remove			
4) Change		- · <u></u>	
Add			
Remove			
5) Change	<u>_</u>		
Add			<u></u>
Remove			
6) Change	<u></u>		
Add			
Remove			

Attach additional	dding additional Artic sheets, if necessary),	(Be specific)	(<u>,</u> .		
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provisions <u>for i</u> n	provides for an exchange in the american and the american	ange, reclassificat adment if not cont	ion, or cancellatic ained in the amen	on of issued shares, idment itself:	
(if not applic	able, indicate N/A)				
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The	date of each amendment(s) adoption:	
date	this document was signed.	

, if other than the

Effective date if applicable: ____

(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 not be listed as the document's effective date on the Department of State's records.

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.

10/21/2019 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)

CARLA RENDON

(Турес	or printed name of person signing)	
PRESIDENT	Charlocht.	

(Title of person signing)