P15 0000 56808

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ddress)		
(Cit	ty/State/Zip/Phor	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)	
Certified Copies	_ Certificate	es of Status	
Special Instructions to Filing Officer:			

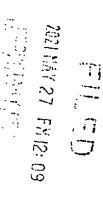
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07/1/2021 JH



COVER LETTER

TO: Amendment Section Division of Corporations

name of corporation: <u>JCP General Business T Corp</u> document number: P150000 56808
DOCUMENT NUMBER: P 15 0000 5 6 80 8
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ramon Reyus Name of Contact Person
Ramon Reves ADD INC.
Firm/ Company Firm/ Company Address
Address Healean Fl 33012 City/ State and Zip Code
City/ State and Zip Code info a ramon reyls fa. tom E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ramod Reyes at (305) 877 - 0669 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



2021 MAY 27 PM 12: 09

JCP General Business I Corp. M. M.
(Name of Corporation as currently filed with the Florida Dept. of State)
P 15008056808
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
(Mulling dudress MAT BL AT OST OTTICL BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing
Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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)

Example:

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	PT John D	<u>ne</u>	
X Remove	V Mike Jo	ones	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP,S	Maritza Agramonte	3520 34TH Ave SE
X_ Add		V	Ylables, tlorida
Remove			34/17
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change	*****		
Add			
Remove			
5) Change	·		
Add			
Remove			
6) Change			
Add			
Remove			

(Atta	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)	
	<u> </u>	
		
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		-
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If an	amendment provides for an exchange, reclassification, or cancellation of issued shares,	
pro	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
		

The date of each amendment(s) and date this document was signed.	loption:	, if other than the
-	15/01/2021	
Effective date <u>if applicable</u> :	05/24/2021 (no more than 90 days after amendment fil	'e date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requi- epartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for officient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amount	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voing group)	
Dated O	5/24/21 100 / Jan /	
selecte	irector, president or other officer – if directors or officers d, by an incorporator – if in the hands of a receiver, trust led fiduciary by that fiduciary)	s have not been ee, or other court
	Juan C. Perez	
	(Typed or printed name of person signing)	
	President.	
	(Title of person signing)	