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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JGR FINANCIAL	. INC	
DOCUMENT NUMI	P15000070967		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	ANAKARLA REYTOR		
	,	Name of Contact Person	1
	MIAMI LEGAL USA		
		Firm/ Company	
	5167 SW 8 ST		
		Address	
	CORAL GABLES FL 3313-	1	
		City/ State and Zip Cod	2
mian	iilegalusa@gmail.com		
		sed for future annual report	natification
	1man address, (to be a	sea ica ilitare anitiai repeat	nomeation)
For further information	n concerning this matter, pleas	se calt:	
ANAKARLA REYTO	OR	305 at (456-4547
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JGR FINANCIAL INC

(Name	of Corporation as curren	tly filed with the Florid:	i Dept. of State)
P15000070967			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corpora	tion adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
JGR GROUP INC			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	"Co". A professional co	ecorporated" or the abbreviation or
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		333 PALERMO AV	E
		CORAL GABLES F	TL 33134
			20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME	
			<u> </u>
D. If amending the registered agent ar new registered agent and/or the ne	w registered office addre	ss:	्रें २
Name of New Registered Agent	ANAKARLA REYTOR		
	5167 SW 8 ST		
		treet address)	
New Registered Office Address:	CORAL GABLES		, Florida
		(City)	(Zip Code)
		/	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Ager tered agent am familian	nt: with and accept the oblig	zations of the position.
	1/1/1	- fe	
	Signanfre of New	Registered Agent, if chan	ging

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 = Sceretary; 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	•••
X Add	<u>sv</u>	Sally Smith	20 H/s
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		_	
Add			ල. 3 2
Remove			<u> </u>
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
.5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
N/A			
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	- V		
	19.1 19.4 19.4	\$: 32	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,			
provisions for implementing the amendment if not contained in the amendment itself:			
(if not applicable, indicate N/A)			
N/A			
			

The date of each amendment(s) a late this document was signed.	aoption:						onici man u
02/0	06/2020						
Effective date <u>if applicable</u> :	(no m	ore than 90 day	s after amendmen	i filo date)			
Note: If the date inserted in this blocument's effective date on the De			statutory filing re	quirements, thi	s date wi	ll not be	e listed as th
Adoption of Amendment(s)	(CHECK O	<u>ONE</u>)					
The amendment(s) was/were add by the shareholders was/were su	•		ber of votes east f	or the amendme	ent(s)		
☐ The amendment(s) was/were app must be separately provided for					'ement		
"The number of votes cast	for the amendment(s	s) was/were suf	ficient for approva	ıl.			
by				`	:: :::::::::::::::::::::::::::::::::::	:0	
	(voting gro	(<i>IP)</i>					_
The amendment(s) was/were add action was not required.	opted by the board of	f directors with	out shareholder ac	tion and shareh	older _: -	20 KM2 - 9	<u> </u>
The amendment(s) was/were addaction was not required.	opted by the incorpor	rators without s	hareholder action	and shareholder	· · · · · · · · · · · · · · · · · · ·	≩ ⊙	in Co
02/06/ 2 020 Dated			_			32	
Signature			•				
selecte	irector, president or d, by an incorpolator ted fiduciary by that	r - it in the hand					
	JOSEPH G RODRI	IGUEZ JR					
	(Typed c	or printed name	of person signing)			
	PRESIDENT						

(Title of person signing)