## P15000074332

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SECRETARY OF STATES

FEB 0 3 2016

T. LEMIEUX



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JENNY & L SERV	VICES INC	
DOCUMENT NUMB	P15000074332	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MIGUEL E LOZANO		
	JENNY & L SERVICES INC	Name of Contact Person	
		Firm/ Company	
	654 WEST 29TH STREET	-	
•		Address	
	HIALEAH, FL 33012		
		City/ State and Zip Code	e
For further information	E-mail address: (to be use a concerning this matter, pleas	sed for future annual report	notification)
Name o	of Contact Person	at (	) de & Daytime Telephone Number
	r the following amount made		·
\$35 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 ndment Section sion of Corporations Box 6327 nhassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to Articles of Inco	rporation
of	
Jenny +L	DervicesInc
	filed with the Florida Dept. of State)
171500007433	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Iorida 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 "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". 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> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(maining address STAT DE ATOST OTTICE DOA)	
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
	TA 12
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the polition
	SEE FF
Signature of New Re	gistered 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.

<u>X</u> Change	<u>PT</u>	John Do	<u>ee</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S	_	CARMEN ALICIA PEREZ	654 WEST 29TH STREET #3
X Add				HIALEAH, FL 33012
Remove				
2) Change		_		
Add				
Remove				
3) Change				***
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				and the state of t
Remove				
6) Change				
Add				
Remove			•	

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	A. A. O.
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an additional indication of issued shares, and an addition of issued shares, and an additional indication of issued shares, and additional indication of issued shares.

Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement 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)
action was not required.	pted by the board of directors without shareholder action and shareholder  pted by the incorporators without shareholder action and shareholder
action was not required.	,
01/23/2017	
Dated	
Signature	be a second seco
	rector, president or other officer – if directors or officers have not been
	t, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	MIGUEL E LOZANO
	(Typed or printed name of person signing)
	PRESIDENT
·	(Title of person cianing)