## P150000 85071

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**C LEWIS** 

## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** NAME OF CORPORATION: \_ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jenine Camejo Firm/ Company 11401 S.W. 40 St Sta 360

Address

Miami, FL 33165

City/ State and Zip Code ipen Consulting & Amail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Venine Camejo at (305) 227 - 9100

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: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

NICTO DISERSEMBLY OF SCAPE	
DIVISION OF CORPOSATORE	

, ,	ticles of Incorpora		DIVISION OF C	CSF 33 gra ORCOS AT mus
J-Pen C	-onsulting	3, Inc.	15 NOV 20	
(Name of Corporation	as currently filed	with the Florida	a Dept. of State)	
P150000 85	5071			
(Documer	nt Number of Corpo	ration (if known	)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this <i>Florida</i>	Profit Corpora	tion adopts the follo	wing amendment(s) t
A. If amending name, enter the new name of the corp	ooration:			
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc." or "Co".  obreviation "P.A."	A professional c	orporation name m	ust contain the
B. Enter new principal office address, if applicable:			5.W. 40.	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(E33</u> )	Suite	360	
		Miami	FL 33	165
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11401	S.W. 40	St
		Suite	360	
		Miami		5
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		Florida, enter t	he name of the	
Name of New Registered Agent	Jenine	···	<del></del>	<del></del>
	13300 S.		SH.	<u>—</u>
•	(Florida street addi	ess)	_	
New Registered Office Address:	) iami		, Florida	33115

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

(City)

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: X Change	PT John Doc		
X Remove	V Mike Jones		
X Add	SV Sally Smith		
Type of Action (Check One)  1) Change Add Remove	Title Nam	enine Camejo	Address 13300 S.W. 22 St. Miami, FL 33175
2) Change Add Remove 3 ) Change			
Add Remove 4) Change Add	<u> </u>	· , ·	
Remove  5) Change  Add Remove			
6) Change Add Remove			

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		SHOPE TARY OF STATE O
Effective date if applicable:	(no more than 90 days after amendment fil	
		15 NOV 20 PM 12: 39
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requi partment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for tfficient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action	n and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and	d shareholder
Dated	11/13/15	
Signature	chine Comer	
(By a d	irector, president or other officer - if directors or officer	
	d, by an incorporator - Linkhe hands of a receiver, trust	ee, or other court
appoint	ted fiduciary by that fiduciary)	
	Jenine Camejo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	