# P15000092481

(	Requestor's Name)
(	Address)
(	Address)
(	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	Business Entity Name)
(	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



700401239897

anend

01/31/25--01020--012 \*\*85.

PALLAHASSEEFFLORE

2023 JAN 3 I PM 2: 23

A. RAMSEY

FEB \_ 1 2023

2023 JAN 31 AM 8:4

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-890-342-8062 • Fax (850) 222-1222

		·	
JGGA CORPORATI	ION		
<del> </del>	<u>.</u>	<del> </del>	
	<u> </u>		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Ficitious Owner Search
J			Vehicle Search
	· <del></del>	_ <del></del> _	Driving Record
Requested by: SETH	01/26/23		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC II Retrieval
Walk-In	Will Pick Up		Courier

# **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JGGA CORPORA	TION 	
DOCUMENT NUM	D15000002494		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma Milagros Gomez Munoz	tter to the following:	
		Name of Contact Perso	n
	Milagros Gomez Munoz, P.A	٠.	
		Firm/ Company Addres	S
	15751 Sheridan Street, #228		
		City/ State and Zip Cod	e
	Fort Lauderdale, Fl 33331		
	millie@mgmpalaw.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati Millie Munoz	on concerning this matter, pleas	se call:	310-0667
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made p	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Division The C	Address  Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### Articles of Amendment to Articles of Incorporation of

FILED

# JGGA CORPORATION

2023	JAH	31	A.	ზ.	1.	7	

(Name of Corpora	tion as currently filed with the Flo	rida Dept. of State)
	P15000092486	~
(Docu	ument Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Floricits Articles of Incorporation:	da Statutes, this <i>Florida Profit Corpo</i>	oration adopts the following amend
A. If amending name, enter the new name of the o	corporation:	
		The
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abbr	c," or "Co". A professional corp	rporated" or the abbreviation "Cor
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OV)	
Training address HAT BE AT UST OFFICE DO		
	<del></del>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		r the name of the
· ·		
Name of New Registered Agent	- <u> </u>	
<del></del>	(Florida street address)	
New Registered Office Address:		, Florida
sen negistered Office radaess.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	cintound trant.	
I hereby accept the appointment as registered agent.		hligations of the position.
Sign	nature of New Registered Agent, if cl	nanging
		G G

# Check if applicable

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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, 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; C. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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 change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	þ	JOSE G GUARISMA-ALVAREZ,, SR.	8218 NW 33 TERRACE
Add			DORAL, FL 33166
x Remove			
2) Change	<u>P,S</u>	BERTHA GIL	8218 NW 33rd Terrace
<u>x</u> Add			Miami, FL 33122
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

( recal	ach additional sheets, if necessary). (Be specific)	
		<del> </del>
<u>If an</u> nro	in amendment provides for an exchange, reclassification, ovisions for implementing the amendment if not contains	or cancellation of issued shares.
<u> Pry</u>	(if not applicable, indicate N/A)	to in the statement testin
		<del></del>
	<del></del>	

The date of each amendment(s) a date this document was signed.	doption:	_, if oth
Effective date <u>if applicable</u> :		
- International Actions of the Control of the Contr	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	ot be lis
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and sl	hareholdi
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
_ ·	proved by the shareholders through voting groups. The following statement reach 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)	
	(voung group)	
Dated <u>1/30/2023</u> Signature	Promenta	
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	_
	BERTHA GIL	
	(Typed or printed name of person signing)	
	President and Director	
	(Title of person signing)	