## P/600000293

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: JIMENEZ MODA GRUPERA CORP. P16000000293 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALVARO JIMENEZ

Name of Contact Person JIMENEZ MODA GRUPERA CORP

Firm/Company

Address

POMPANO BEACH, PL 33060

City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of



JIMENEZ MO	DA GRUI	PERA	COKFAEB 29	PM 2: 40
(Name of Corpor	ration as currently filed	with the Flor	ida Dept. of State)	TOT STATE EE.FLORIDA
	00293		FALLAHASS	EE. FLORIUM
(Doc	cument Number of Corpo	oration (if knov	vn)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florid</i>	a Profit Corpo	ration adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the	e corporation:			
				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co".	ompany," or A professional	"incorporated" or the l corporation name mu	abbreviation st contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		**************************************		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u> )			<del></del>
D. <u>If amending the registered age</u> nt and/or regis		Florida, enter	the name of the	
new registered agent and/or the new register				
Name of New Registered Agent				
	(Florida street add	ress)		_
New Registered Office Address:			, Florida	
	(City)			ip Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with an	nd accept the ob	bligations of the positio	n.
Si	ignature of New Register	red Agent, if ch	anging	<u>—</u>

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	ı Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	ARACELY REYES	1906 SW 67 MERR PUMPANO BEACH, FL 3306
Add Add			PUMPANO BEACH PL 3306
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			<u></u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f 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 and an and an and an analysis and analysis and an analysis

The date of each amendment(s) adoption:	, if other than the
(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2 12 16 Signature X	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	
ALVARU JIMENEZ  (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRES IDENT	
(Title of person signing)	