P16000010721

(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:
·





600331551896

07/18/19--01027--037 **35.00

19 JUL 18 PH 1: 03

ML 28 717 TSCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:ET SET EXECU	TIVE DUTY-FREE, CORI	P		
DOCUMENT NUME	P16000010721				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	spondence concerning this ma	itter to the following:			
	Hector D Rodriguez				
		Name of Contact Perso	n		
	New Start Business Solutions Inc				
		Firm/ Company			
	16142 SW 45th Terr				
	· · · · · · · · · · · · · · · · · · ·	Address			
	Miami, FL 33185				
	 	City/ State and Zip Cod	c		
DAK	OTADUTYFREECA@GMA	JL.COM			
		sed for future annual report	notification)		
		·			
For further information	concerning this matter, pleas	se call:			
Hector D Rodriguez		at (<u>305</u>	804-1047		
Name 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JET SET EXECUTIVE DUTY-FREE, CORP.

(Name	of Corporation as currently i	filed with the Florida Dept. of Sta	ate)
16000010721			
	(Document Number of C	Corporation (if known)	
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopts th	ne following amendmer
If amending name, enter the new na	ame of the corporation:		
me must be distinguishable and con	tain the word "corporation"	" "gompany " or "incorporated"	The new
Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or "Co	o". A professional corporation no	
Enter new principal office address,			
rincipal office address <u>MUST BE A_S</u>	TREET ADDRESS)		
Enter new mailing address, if appli	icable:		
(Muiling address MAY BE A POST)	OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·	AES 19
If amending the registered agent an	d/or registered office addres	s in Florida, enter the name of th	ie 📜
new registered agent and/or the new	w registered office address:		<u> </u>
Name of New Registered Agent	Hector D Rodriguez		
	16142 SW 45th Terr		
	(Florida street	address)	
	(10) 144 (1) (0)	add. cooy	2>
	Miami		33185
New Registered Office Address:	Miami	Florid	la(Zip Code)

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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	VP	ANDREINA M MOLERO	5360 NW 20TH TERR
Add			UNIT 204
X Remove			FT. LAUDERDALE, FL 33309
2) Change	ST	CARLOS A RUIZ	5360 NW 20TH TERR
Add			UNIT 204
X Remove			FT. LAUDERDALE, FL 33309
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
				
	-			
				_
		žχ	19	
			<u>~</u>	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,		JUL 18	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:		ස	1
		"::·	7	:
				*
		0813 0A	0	
		>	E 5	
				_
				
				

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records.	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 amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	19 JU
JULY 12,2019 Dated	
Signature GW	[18 81]
(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 court appointed fiduciary by that fiduciary)	
Hector D Rodriguez	
(Typed or printed name of person signing)	
Registered Agent	
(Title of person signing)	