P16000096476

(Re	equestor's Name)	
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SECRETARY OF STATE

IIAY 10 2017



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: JERONIMO PINE	EDA, P.A.		
DOCUMENT NUM	P16000006476			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	DANNY CESAR			
	LEJJER LLC	Name of Contact Person	n	
	Firm/ Company			
	10753 SW 104 STREET	· ma company		
		Address		
	MIAMI FL 33176			
		City/ State and Zip Cod	e	
INFO	@LEJJER.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
DANNY CESAR		at (³⁰⁵	974-1598	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$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 endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussec, FL 32301	

Articles of Amendment to Articles of Incorporation of

JERONIMO PINEDA, P.A.			
(Name	of Corporation as current	ly filed with the Florida Dept.	. of State)
P16000096476			
THE PARTY NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PARTY NAMED IN	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation ad	opts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or '	'Co". A professional corpora	
B. Enter new principal office address, if applicable:		16850 COLLINS AVE SUITE # 112-477	
(Principal office address <u>MUST BE A S</u>		SUNNY ISLES BEACH, F	TL 33160
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16850 COLLINS AVE SUITE # 112-477	
		SUNNY ISLES BEACH, F	L 33160
D. 16			
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address	ress in Florida, enter the nam s:	e of the
Name of New Registered Agent	LEJJER LLC	-	
	10753 SW 104 STREET		
	(Florida str	reet address)	.
New Registered Office Address:	MIAMI	,	Florida 33176
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	:	
I hereby accept the appointment as regist	ered agent. I am familiar	- with and accept the obligations	of the position.
Dun	al Can		2017 M SECRE
	Signature of New F	Registered Agent, if changing	WALLANDARY OF ALLANDARY OF ALLANDARSEE.
			To The state of th

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.

X Change	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets. if necessary). (Be specific)			
 			
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)			
· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s)	4/28/2017 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 document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	at for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were as action was not required.	dopted by the incorporators without shareholder action and shareholder	
4/28/2017 Dated		
Signature Ve	ronimo Pineda	
(By a select	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 court nted fiduciary by that fiduciary)	
	JERONIMO PINEDA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	