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(City/State/Zip/Phone #)		
(Business Entity Name)		
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08/05/21--01019--014 **35.00





COVER LETTER

TO: Amendment Section **Division of Corporations**



The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Person at (786) 367-7488 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Ame	endment
to Articles of Incor	norstion
Group Jen	INC. FILED
(Name of Corporation as currently f	iled with the Florida Dent. of State) 2021 AUG - 5 Art 7: 49
P17000043	374 2021 400 5 411 1.45
(Document Number of C	Corporation (if known) (E TANKY OF STATE
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	TALLAHASSEE, FL orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp.,"
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: <u>Name of New Registered Agent</u>	in Florida, enter the name of the
(Florida street	(uldress)
New Registered Office Address:	, Florida
(C	ity) (Lip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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

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 = ChiefExecutive 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 Doe V Mike Jones X Remove Sally Smith <u>X</u> Add SV Address Title <u>Name</u> Type of Action (Check One) 12YOIROCK Garden IN. yllen 1 1) <u>V</u>-Change Add Remove] COUFT 12000 SW 2) Change City COOPER Add 30 Remove 3) ____ Change ___ Add Remove 4) ____ Change ____ Add Remove 5) ____ Change ____ Add ____ Remove -6) ____ Change Add _ Remove

. **E.** <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach *additional sheets, if necessary).* (Be specific) Ύ́Α N 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) Ą Þ

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 not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECKONE)

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

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

(voting group) b٧. Dated_ (By a director, president or other officer – if directors or officers have not been Signature selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing) Director (Title of person signing)