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2018 SEP 27 PM 3: 53 SECRETARY OF STATE

OCT -2 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JEMANA ENTER	PRISE, CORP.			
DOCUMENT NUME	P17000070884		 _		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	• ,		
Please return all corres	pondence concerning this ma	tter to the following:			
	MAX	(IMILIANO CARBAJAL			
	- 49.4	Name of Contact Person	n		
	JEMAXA ENTERPRISE, CORP.				
		Firm/ Company			
	15780 PORTOFT	NO SPRINGS BLVD, AF	7 T 108		
	· · · · · · · · · · · · · · · · · · ·	Address			
	FO	RT MYERS, FL 33908			
		City/ State and Zip Cod	e		
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:			
MAXIMIL	IANO CARBAJAL	at (de & Daytime Telephone Number		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□S43.75 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 SEP 27 PM 3: 53

JEMANA ENTERPRISE, CORP.

(Name of C	Corporation as curren	tly filed with the Flori	da Dept. of State) SECRETARY OF ST. TALLAHASSEE, F
	P17000076	0884	IALLARASSEE, F
	(Document Number	of Corporation (if know	m)
rsuant to the provisions of section 607.10 Articles of Incorporation:	06, Florida Statutes, this	s Florida Profit Corpoi	ration adopts the following amendment(s) to
If amending name, enter the new name	e of the corporation:		
N/A·			The new
N/A : ume must be distinguishable and contain Corp.," "Inc.," or Co.," or the designati ord "chartered," "professional associatio	on "Corp," "Inc," or	"Co". A professional	
Enter new principal office address, if a		N/A	
rincipal office address <u>MUST BE A STR</u>	<u>EET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
If amending the registered agent and/onew registered agent and/or the new r			the name of the
	MAXIMILIANO		
Name of New Registered Agent			
_	(Florida s	treet address)	· - · ·
New Registered Office Address:	a		, Florida
		(City)	(Zip Code)
n			
w Registered Agent's Signature, if chan wreby accept the appointment as registere			oligations of the position.
, , , , , , , , , , , , , , , , , , , ,	~ · · · · · · · · · · · · · · · · · · ·	·	

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
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 As (Attach additional sheets, if necessary,	
N/A	
<u> </u>	
	1
4	
F. If an amendment provides for an ex	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
RECLASSIFICATION OF SHARES	
MAXIMILIANO CARBAJAL: 100 %	
FRANCISCO A CARBAJAL: 0 % (The	i. Constitut in Pinnenial AdvisorA
PRANCISCO A CARBAJAL: 0 % (The	man function is rinancial Advisor)

	, if other than the
late this document was signed.	
Effective date if applicable: 06 30 18.	
Effective date if applicable: 06 30 18. (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 vidocument's effective date on the Department of State's records.	vill 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" (voting group)	
(voting group)	
☐ 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.	
Dated	
Signature Mariniliano Carbajal.	
(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)	
MAXIMILIANO CARBAJAL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	