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(Re	questor's Name)	
(Ad	dress)	_
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(Do	ocument Number)	
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C. GOLDEN

DEC 1 8 2019

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report not) 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 □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

	Articles of Incor	poration		* 1
6. 1	of	<i>—</i>		
JARPA EI	NTERMIS	E7 111C		<u> 2019 FCT 1.8 PH 3: 3:</u>
(Name of Corporat	ion as currently	filed with the Flo	rida Dept. of State)
P1100001	9742			
(Docu	ment Number of C	Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006. Floridits Articles of Incorporation:	da Statutes, this Fi	orida Profit Corp	oration adopts the	following amendment(s) to
A. If amending name, enter the new name of the c	corporation:			
	101 11/			The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "C	o". A profession	"incorporated" of al corporation nam	r the abbreviation
B. Enter new principal office address, if applicable	le:			
(Principal office address MUST BE A STREET AD				
			 .	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X</u>)			
D. If amending the registered agent and/or registe	ared office addre	es in Florida, ent	er the name of the	
new registered agent and/or the new registered	d office address:	ss in 1 iorida, eng	er the name of the	
Name of New Registered Agent		<u> </u>		
				
	(Florida stree	et address)		
New Registered Office Address:			, Florida_	
	10	Σi(y)		(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	e <u>gistered Agent:</u> I am familiar wi	ith and accept the	obligations of the p	osition.
Sie	gnature of New Re	gistered Agent, if	changing	
		G 3 / 2	** **	

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	<u>:</u>	
X Remove	<u>V</u>	Mike Jor	ne <u>s</u>	
<u>X</u> Add	<u>SV</u>	Sally Sm	<u>ìth</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<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				

f amending or adding additional Arti Attach <i>additional sheets, if necessary</i>).	(Be specific)	
		_
<u>.</u>		
f an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 a	lays after amendment file date)
Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The nuby the shareholders was/were sufficient for approval.	imber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vot	
"The number of votes cast for the amendment(s) was/were s	ufficient for approval
by	<u> </u>
(voting group)	
The amendment(s) was/were adopted by the board of directors wi action was not required.	
The amendment(s) was/were adopted by the incorporators withou action was not required.	
Dated	<u>b</u> -19
Signature (By a director, president or other officer selected, by an incorporator – if in the happointed fiduciary by that fiduciary)	- if directors or officers have not been ands of a receiver, trustee, or other court
(Typed or printed nat	me of person signing) AEGI Sm
(Title of	person signing)