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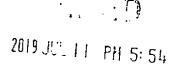
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JF VISITORS IN	C		
DOCUMENT NUMI	BER: P17000100873			
	of Amendment and fee are so	abmitted for filing.		
Please return all corre-	spondence concerning this ma	atter to the following:		
	FLAVIO A NASTRINI DEI	.GADO		
		Name of Contact Person	n	
	JF VISITORS INC			
		Firm/ Company		
	6825 VISITORS CIRCLE			
		Address		
	ORLANDO, FL 32819			
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e	
For further information	E-mail address: (to be un concerning this matter, please	sed for future annual report	notification)	
		at f)	
Name of Contact Person at (de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address	Street Address		
	ndment Section	Amend	ment Section	
	sion of Corporations	Division of Corporations		
P.O. Box 6327		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



JF VISITORS INC	,
(Name of Corp	oration as currently filed with the Florida Dept. of State)
P17000100873	
(1	Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of t	the corporation:
	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)	E BOX)
D. If amending the registered agent and/or re- new registered agent and/or the new regist	gistered office address in Florida, enter the name of the ered office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing the hereby accept the appointment as registered agent.	g Registered Agent: ent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Avent if changing

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>Р. Г</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	coo	UCHOA, RODRIGO	6825 VISITORS CIRCLE	
X Add			ORLANDO, FL 32819	
Remove				
2) Change				
Remove				
3) Change				
Add				
Remov e				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	cets, if necessary).	(Be specific)			
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					·
		·	·		
					
					<u> </u>
f an amendment pr	ovides for an exch	ange, reclassific:	tion, or cancella	tion of issued sh	ares,
provisions for impl	ementing the amer	ndment if not cor	ntained in the air	endment itself:	
(if not applicabl	le, indicate N/A)				
					_ . ,
		·			
			· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:
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) (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)
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 July 97 2.019
Signature
(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)
FLVIO A NASTRINI DELGADO
(Typed or printed name of person signing)
CEO
(Title of person signing)