P18000036103

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION:JIMEN	NEZ STORES, C	ORP		
DOCUMENT NUMBER	·	P18000026103			
The enclosed Articles of A	mendment and fee are su	bmitted for filing	3.		
Please return all correspond	dence concerning this ma	tter to the follow	ing:		
		MAYENNI JIM	ENEZ		
		Name of Con	tact Person	n	
		JIMENEZ STOR	ES, CORI		
		Firm/ Co	mpany		
	84	456 SW 40TH S	TREET		
	Address				
	MIAMI, FL 33155				
		City/ State an	d Zip Cod	e	
	ma	yennijimenez@į	gmail.com	\/	
	E-mail address: (to be us	sed for future and	ual report	notification)	
For further information cor	cerning this matter, pleas	se call:			
MAYENNI J	IMENEZ	at (786	487 2844	
Name of Co			de & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Fl	orida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filir Certified Co (Additional of enclosed)	opy copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address				Address	
	ent Section	Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
	see, FL 32314			executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

JIMENEZ STOR	ES, CORP					
(Name of Corporation as curren	tly filed with the Florida Dept. of S	tate)				
P1800002	6103					
(Document Number	of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts t	he following amendmer	nt(s) to			
A. If amending name, enter the new name of the corporation:						
		The new				
name must be distinguishable and contain the word "corporate" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered." "professional association." or the abbreviation	"Co". A professional corporation r	" or the abbreviation				
B. Enter new principal office address, if applicable:	8456 SW 40TH STREET					
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33155	2019 J	≂ ग्र न्द्			
			##### ################################			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8456 SW 40TH STREET	170 &				
	MIAMI, FL 33155	. 's . 5. . 5.				
		φ Γη ο				
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre-		<u>he</u>				
Name of New Registered Agent						
(Florida s	treet address)					
New Registered Office Address:	, Flori	da				
	(City)	(Zip Code)				
New Registered Agent's Signature, if changing Registered Agen	**					
I hereby accept the appointment as registered agent. I am familian		e position.				

Signature of New Registered Agent, 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:	, una sai	iy Smun, Sv as an Ada.	
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			
A dd			
Remove			
6) Change			
Add			
Remove			

,	adding additional Art al sheets, if necessary).	(Be specific)				
I/A						
	<u>-</u>					
						
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. If an amendmen	it provides for an excl	nange, reclassific	ation, or cancella	ition of issued sha	res.	
<u>provisions for i</u>	mplementing the ame	ndment if not co	ntained in the an	nendment itself:		
	icable, indicate N/A)					
/A 	<u></u> -					
	_					
		<u></u>				
		<u></u>	-	-		
				_		

The date of each amendment(s) adoption	06/17/2019	
date this document was signed.		, if other than t
Effective date if applicable:	06/24/2019	
	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block of document's effective date on the Departm	loes not meet the applicable statutory filing requirements, this ent of State's records.	date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficier	by the shareholders. The number of votes east for the amendment for approval.	nt(s)
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting groups. The following state voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
action was not required.	y the board of directors without shareholder action and shareholder	lder
The amendment(s) was/were adopted be action was not required.	y the incorporators without shareholder action and shareholder	
Dated	06/28/2019	
Signature		
(By a director	, president or other officer – if directors or officers have not bee	
selected, by a	n incorporator – if in the hands of a receiver, trustee, or other couciary by that fiduciary)	purt
	MAYENNI JIMENEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	