4190000 37640

(Requestor's Name)	
(Address)	
(Address)	
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(City/State/Zip/Phone #)	,
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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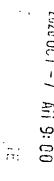


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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: JP YING CHA RO	DEN, INC.
DOCUMENT NUMBER: P18000037640	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Ekaphon Sethakudun	
	Name of Contact Person
	Firm' Company
104 Patricia Ave	
	Address
Dunedin, FL 34698	
	City/ State and Zip Code
manumum 1111@hatmail as	
pangrumm1111@hotmail.co	m sed for future annual report notification)
is-man address. (to be u	section fatale annual report nonneation)
For further information concerning this matter, plea	se call:
Deanna Bosley	at (727) 443-0709
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JP Ying Cha Roen, Inc.				
(Name	of Corporation as curren	ntly filed with the Florida Dep	ot. of State)	
P18000037640				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation a	dopts the following ame	endment(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation r		
B. Enter new principal office address,	if applicable:	104 Patricia Ave	, :	<u>ာ</u>
(Principal office address MUST BE A STREET ADDRESS)		Dunedin, FL 34698		2
		-	· ·	-i
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		104 Patricia Ave		<u> </u>
· •		Dunedin, FL 34698		0 .
D. If amending the registered agent an new registered agent and/or the ne			me of the	
Name of New Registered Agent Ekaphon Sethakudun			·	
	104 Patricia Ave			
	(Florida :	street address)		
New Registered Office Address:	Dunedin		_, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			ns of the position.	
,	· ···· ··· · · · · · · · · · · · · · ·		and a second	

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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 = 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.

X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	P		Umpar Le	13126 THOROUGHBRED LOOP
Add	. – –			Largo, Fl 33773
X Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change		- _		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additio	r_adding additional a nal sheets, if necessar	y). (Be specific))			
-		.				
	. 					
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	-					-
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provisions fo	ent provides for an er implementing the a	mendment if not	contained in the	llation of issued s amendment itself	hares,	
						

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 document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareho action was not required.	lder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
09/28/2020 Dated	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have no	ot been
selected, by an incorporator - if in the hands of a receiver, trustee, or ot	
appointed fiduciary by that fiduciary)	
Ekaphon Sethakudun	
(Typed or printed name of person signing)	
President	

(Title of person signing)