

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Received an Engl from J. Garcia Received an Engl from J. Garcia May 11/30/2011, currenting Adaption Page, 40 f U.
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Amard



November 19, 2018

JANNESE GARCIA VAZQUEZ JANNESE GARCIA PA 25 W CRYSTAL LAKE ST STE 157-158 ORLANDO, FL 32806

SUBJECT: JANNESE GARCIA PA Ref. Number: P18000076315

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE NOTE THAT PAGES 2, 3 AND 4 OF 4 MUST BE SUBMITTED AS A WHOLE DOCUMENT.

PAGE 4 OF 4 MUST BE COMPLETE ON ALL HIGHLIGHTED AREAS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 518A00023740

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	CIA PA				
DOCUMENT NUM	BER:P18000076315					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	JANNESE GARCIA VAZQ	UEZ				
		Name of Contact Persor	1			
	JANNESE GARCIA PA					
		Firm/ Company				
	25 W CRYSTAL LAKE ST STE 157-158					
		Address				
	ORLANDO FL 32806					
		City/ State and Zip Code				
janne	ese.garcia@gmaił.com		//			
,	E-mail address: (to be us	sed for future annual report				
For further informatio	n concerning this matter, pleas	se call:				
JANNESE GARCIA VAZQUEZ		at (921-4418			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	rtment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address		<u>Stree</u> t	Address			
Am	endment Section	Amendment Section				
	ision of Corporations	Division of Corporations				
	. Box 6327	Clifton Building				
Tall	lahassee, FL 32314	2661 E	xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

of	
JANNESE GARCIA PA	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P18000076315	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
JANNESE GARCIA VAZQUEZ PA	v The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cord" word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	a F
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	(City) . Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.

Page 1 of 4

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: X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	<u>mes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	A section of the section of
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		-		y later
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_	***************************************	
Add				
Remove				
4) Change		_		
Add			·	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Parmorro				

Attach <i>additional sheets</i> ,	additional Articl , if necessary).	(Be specific)			
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			· <u>·</u>	 	
					
					
					1.
					
				· · · · · · · · · · · · · · · · · · ·	
<u>f an amendment provi</u> c	des for <u>an excha</u> i	nge, reclassifica	tion, or cancellat	ion of issued sha	res,
<u>provisions for impleme</u>	enting the amend	iment if not con	tained in the am	endment itself:	
(if not applicable, it	ndicate N/A)				
					
					
		···			
					
			,,		

	11/01/2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		_ _
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we bepartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ade action was not required.	opted by the incorporators without shareholder action and shareholder	
11/02/2018 Dated	· · · · · · · · · · · · · · · · · · ·	
Signature	irector, president or other officer - if directors or officers have not been	
selecte	d, by an incorporator—if in the hands of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)	
	JANNESE GARCIA VAZQUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	