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## **COVER LETTER**

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TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Jaydee Jepsen, PA						
	JMBER: P18000092342						
The enclosed Artic	cles of Amendment and fee are su	ibmitted for filing.					
Please return all co	orrespondence concerning this ma	tter to the following:					
	Jaydee Jepsen						
	Name of Contact Person						
	Jaydee Jepsen, PA						
	Firm/ Company						
	17980 NE 31ST COURT 120	08					
	Address						
	AVENTURA, FL 33160						
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod-	2				
_	E-mail address: (to be us	sed for future annual report	notification)				
			<b>,</b>				
For further inform	ation concerning this matter, pleas	se call:					
JayDee Jepson							
	me of Contact Person	at (	)				
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	rtment of State:				
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 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 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301				

## Articles of Amendment to Articles of Incorporation of

FILED

2018 NOV 26 AM 11: 40

JAYDEE JEPSON, PA

(Name of Corporation as currently filed with the Florida Dept of State) Y OF STATE P18000092342 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: JAYDEE JEPSEN, PA name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: \_\_\_ New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the 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: X Change	<u>PT</u>	John Do	<u>oe</u>			
X Remove	V	Mike Jones				
X Add	<u>sv</u>	Sally Sn	<u>nith</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		<del>_</del>				
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		_
	<del></del>	
	· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(у поп иррничане, такие пол)		
		_

The date of each amendment(	s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this does does not meet the applicable statutory filing requirements, this does does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☑ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amendment(re sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	er
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	11/19/2018	
Signature	/S/ JAYDEE JEPSON	
(B) sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other compointed fiduciary by that fiduciary)	1
	JAYDEE JEPSON	
	(Typed or printed name of person signing)	
	(Title of person signing)	<del></del>
	( i title of person signing)	