## P18000 101666

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(Ci	ty/State/Zip/Phone	e #)		
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORF	PORATION:	RATION		
DOCUMENT NU	MBER: P18000101666			
	eles of Amendment and fee are su	bmitted for filing.		
Please return all co	orrespondence concerning this ma	tter to the following:		
	JOEL A PEREZ-MORA			
		Name of Contact Person		
	JP JOVIC CORPORATION			
		Firm/ Company		
	2363 SE 23 DR			
		Address		
	HOMESTEAD, FL 33035			
		City/ State and Zip Code		
		·		
<u>j</u> .	oel6110@hotmail.com	The Common and American	notification)	
	E-mail address: (to be u	ised for future annual report	indiffication)	
For further inform	nation concerning this matter, plea	ese call:		
JOEL A PEREZ	MORA	at (	867-6963	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
	ck for the following amount made	anavable to the Florida Deni	ertment of State:	
Enclosed is a che	ck for the following amount made	, payable to the Frontier is ap-		
\$35 Filing Fe	ee □S43.75 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

P JOVIC CORPORATION	00000
(Name of Corporation as currently filed	with the Florida Dept. of State)
2180000101666	
(Document Number of Corp	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> ts Articles of Incorporation:	la Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," . "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co", 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)	1. 14 19 2000 - 1
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent	
(Florida street o	address)
	Florida
New Registered Office Address: (Cit	y) (Zip Code)
New Registered Office Address:  (Cite See Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with	y) (Zip Code)
Signature of New Reg	istered 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 = ChiefExecutive 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: XChange	<u>PT</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>	<u>Nan</u>	ne	<u>Addres</u> s
1) Change	VP	IRI	S MORA	 2363 SE 23 DR
X Add				Homestead F1 33035
Remove				
2) Change		_ —		 
Add				
Remove				
3 ) Change				 
Add				
Remove				
4) Change				 
Add				
Remove				
5) Change				 
Add				
Remove				
6) Change				 
Add				
Remove				

nach addition	adding additional Art al sheets, if necessary).	(Be specific)				
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	<del></del>					
If an amendr	ent provides for an e	xchange, reclassi	fication, or can	cellation of issue	d shares,	
- orovisions f	or implementing the a	<u>menament ii not</u>	contained in th	e amenament its	<u>en:</u>	
(if not a	oplicable, indicate N/A	1				
	_					
<u> </u>						

	MARCH 19, 2019	, if other than the
The date of each amendment	(s) adoption:	
date this document was signed	MARCH 19, 2019	
Effective date <u>if applicable</u> :		· · ·
Effective date in applicable.	(no more than 90 days after amendment file	date)
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing require ne Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the ere sufficient for approval.	ne amendment(s)
☐ The amendment(s) was/we must be separately provid	re approved by the shareholders through voting groups. The for ed for each voting group entitled to vote separately on the ame	llowing statement ndment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action	and shareholder
The amendment(s) was/waction was not required.	ere adopted by the incorporators without shareholder action and	shareholder
MA Dated	RCH 1, 2019	
	By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	s have not been ee, or other court
	JOEL A PEREZ-MORA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	