P19000004713

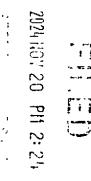
(Requestor's Name)	
(Address)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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Name Chang

JAN 0 6 2025 D CUSHING

COVER LETTER

FO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Properties Inc. For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☑ \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment

Articles of Incorporation of

JCDW Proper	thes.Inc				
(Name of Cor	poration as currently fil	ed with the Florida Dept. of S	tate)	<u> </u>	
P190000	04913				
	(Document Number of Co	rporation (if known)			
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida	rida Profit Corporation adopts t	the followin	.g amer	ndment(s) to
A. If amending name, enter the new name o	f the corporation:				
JCOW Enterprise	s.Inc.			77	M - M 4 1
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	ord "corporation," "com," "Inc," or "Co". A pr				vrp., ''
B. Enter new principal office address, if app	slicable:	N/A			
(Principal office address MUST BE A STREE			-		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	<u>:</u> <u>CE BOX</u>)	N/A			_
D. If amending the registered agent and/or new registered agent and/or the new regi		in Florida, enter the name of	the	2024104	
Name of New Registered Agent	NA			20	3 3
				_ ====================================	
	(Florida street a	address)	• • • • • • • • • • • • • • • • • • • •	<u>.</u> 5	San San
New Projection of Office Address		Til o a		21	
New Registered Office Address:	(Cit	, Flor	Ida(Zip	Code)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a		and accept the obligations of th	e position.		
	N/A				
	Signature of New Regis	tered 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. Example: <u>PT</u> X Change John Doe X Remove <u>V</u> Mike Jones X Add <u>\$V</u> Sally Smith Type of Action <u>Title</u> <u>Address</u> <u>Name</u> (Check One) 1) ____ Change ____ Add Remove 2) ____ Change _____ Add

Remove 3) Change

____ Add

4) Change

5) ____ Change

6) ____ Change

_ Add

Remove

___ Add

Remove

__ Add

___ Remove

__ Remove

ttoch additional -t-	g additional Articles, enter change(s) here: ts, if necessary). (Be specific)
ttaen aaattional sne	is, if necessary). (Be specific)
	N/H
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an amendment pr	vides for an exchange, reclassification, or cancellation of issued shares,
(if not applicabl	menting the amendment if not contained in the amendment itself: indicate N/A)
	N1/A
	, , , , , , , , , , , , , , , , , , ,
	

he date of each amendment(s) adoption:	, if other than the
ffective date if applicable:	
(no more than 90 days after amendment file date)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ocument's effective date on the Department of State's records.	l not be listed as the
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Dated 1114/2024 Signature Campbell	
(By a director, president or other officer - if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Janiese Campbell	
(Typed or printed name of person signing)	
(Title of person signing)	