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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JAE PRODUCTS I	NC			
DOCUMENT NUMB					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
	IOAQUIN J PINON				
-		Name of Contact Persor	<u> </u>		
	JAE PRODUCTS INC				
-	·	Firm/ Company			
)16 SPRINGVILLE CT				
-		Address			
	TAMPA FL 33614				
-		City/ State and Zip Code	:		
<u>:</u>	j.pinonjac@gmail.com				
•	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas		2845212		
	f Contact Person	at (321	de & Daytime Telephone Number		
	the following amount made				
■ \$35 Filling Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Co 2415 N	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

JAE PRODUCTS INC		20	24 SEP 1
(Name o	of Corporation as curren	fly filed with the Florida Dept. of	
19000016968		\$£6 T	Contraction of
	(Document Number	of Corporation (if knowa)	LLAMASSEE, FIE
Pursuant to the provisions of section 607, is Articles of Incorporation;	1006, Florida Statutes, this	s <i>Florida Profit Corporation</i> adopts	the following amendment(
. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	.orp, " "Inc," or "Co".	A professional corporation name	
B. Enter new principal office address, if applicable:		7505 N CORTEZ ST	
Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	TAMPA FL 33614	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		7505 N CORTEZ ST	·
		TAMPA F L 33614	
D. If amending the registered agent an new registered agent and/or the nev			f the
Name of New Registered Agent	TANIA GONZALEZ		
	7505 N CORTEZ ST		
	(Florida s	treet address)	
New Registered Office Address:	(Florida s.	·	33614 orida

Check if applicable

☐ The amendment(s) is/are being tiled 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)

Example:

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 Doe		
X Remove	\underline{V}	Mike Jones		
<u>X</u> A 3 d	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	PT	JOAQUIN J PINON	916 SPRINGVILLE CT	
Add X Remove			TAMPA FL 33613	
2) Change	PT	TANIA GONZALEZ	7505 N CORTEZ ST	
X Add			TAMPA FL 33614	
Remove Change				
Add				
Remove				
4) Change Add		-		
Remove				
5) Change				
Add				
Remove			42	
6) Change		_		
Add				
Remove				

Atta	nending or adding additional Articles, enter change(s) here; ch additional sheets, if necessary). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
lf ar	amendment provides for an exchange, reclassification, or cancellation of issued shares.
pro	visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
C		
Effective date <u>if applicable</u> :	Ino more than 90 days af	ter amendment file date)
Note: If the date inserted in this block document's effective date on the Depar		utory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of a	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice		of votes cast for the amendment(s)
☐ The amendment(s) was/were approx must be separately provided for care		
"The number of votes east for	the amendment(s) was/were suffici-	ent for approval
by	(voting group)	
	(voung group)	
08/31/2024 Dated	male I	
(By a direct selected, b	or previoent or other officer – if di y an incorporator – if in the hands o fiduciary by that fiduciary)	
JO	AQUIN J PINON	
	(Typed or printed name of p	nerson signing)
PR	ESIDENT	

(Title of person signing)