P19000039405

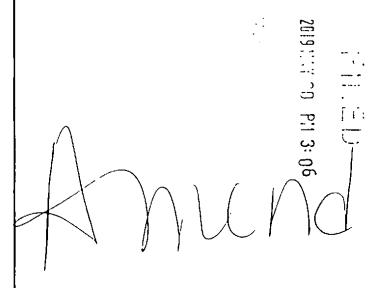
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COVER LETTER

TO: Amendment Section Division of Corporations	<u> </u>
6RD3 F	
NAME OF CORPORATION: JESMAN GROUP IN	C
DOCUMENT NUMBER: P19000039405	
The enclosed Articles of Amendment and fee are submitted	 for filing.
Please return all correspondence concerning this matter to the	following:
	M VEGA
Name	of Contact Person
SUAREZ VE	SA & ASSOCIATES INC
i	irm/ Company
25 SE	2 AVE 410
 -	Address
MIAM	i, FL. 33131
City/	State and Zip Code
>/CCAAALAA	ALOUAND COM
E-mail address: (to be used for fu	II@HOTMAIL.COM
For further information concerning this matter, please call:	
JOSE M VEGA	at (786) 290-3418
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable	to the Florida Department of State:
Certificate of Status Cer (Ad	75 Filing Fee & S52.50 Filing Fee lifled Copy Certificate of Status ditional copy is Certified Copy losed) (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

JESMAN GROUP INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P19¢	000039405	<u></u>
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following	lowing amendment(s)
A. If amending name, enter the new name of the corporat	ion:	
		The new
name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	," or "Co". A professional corporation name	the abbreviation
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)		
		2019:
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a	ce address in Florida, enter the name of the ddress:	20 7
Name of New Registered Agent		FH 3: 06
		بب ر
ıFle	orida street address)	 %
N D 1 10T 111	. Florida	
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	llAgent:	Minu
I hereby accept the appointment as registered agent. I am fa	иннаг wun апа ассері іне овиданопя ој те ром	non.
Signature o	f New Registered Agent, if changing	

address of each Officer (Attach additional sheet Please note the officer/a P = President; V = Vice Executive Officer; CFO held, President, Treasur Changes should be note	and/or D s, if necess lirector titl President = Chief i er, Director d in the fo	Director being added: sary) le by the first letter of the t; T= Treasurer; S= Sec Financial Officer. If an or would be PTD. ollowing manner. Currer corporation, Sally Smith:	office title: retary: D= Director: TR= T officer/director holds more ally John Doe is listed as the	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change.
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	DPS	JOSE M	GOMEZ-TORRES	2936 SW 24 TER
Add				MIAMI, FL. 33145
X Remove				
2) Change	DPS	JUAN M	I GOMEZ-TORRES	2936 SW 24 TER
X Add				MIAMI, FL. 33145
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			_	
Add				
Remove				
6) Change				

____ Add

_ Remove

. <u>If amending or adding additional Articles, enter chang</u> (Attach <i>additional sheets, if necessary).</i> (Be specific)	e(s) here:
If an amendment provides for an exchange, reclassifice provisions for implementing the amendment if not co	ntion, or cancellation of issued shares, the same of issued shares.
(if not applicable, indicate N/A)	
-	
	

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)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed as the ords.
Adoption of Amendment(s) (CHECK ONE	
☐ The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group enti	ers through voting groups. The following statement tled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) w	vas/were sufficient for approval
by	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of di action was not required.	rectors without shareholder action and shareholder
☑ The amendment(s) was/were adopted by the incorporate action was not required.	ors without shareholder action and shareholder
Dated MAY 15 2019	
Signature	M , \sim :
(By a director, president or ot	er officer - if directors or officers have not been
selected, by an incorporator # appointed fiduciary by that fig	if in the hands of a receiver, trustee, or other court uclary)
JOSE	M VEGA
(Typed or p	orinted name of person signing)
INCC	RPORATOR
	(Title of person signing)

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