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J. Michel

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JC Exclusive Bath	Corp		. <u></u>
DOCUMENT NUMB	P20000025477			
The enclosed Articles of	of Amendment and fee are su	bmitted for filin	ıg.	
Please return all corresp	pondence concerning this ma	tter to the follow	wing:	
	Juan Carlos Pallicer			
-		Name of Co	ntact Person	
-		Firm/ C	ompany	
;	2219 NE 41st Avenue			
•		Add	lress	
	Homestead, Florida 33033			. <u></u>
		City/ State a	nd Zip Code	:
1	palliceer@icloud.com			
-	E-mail address: (to be us	sed for future ar	nual report	notification)
For further information	concerning this matter, pleas	se call:		
Juan Carlos Pallicer		at (	786	328-8760
Name o		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the f	Florida Depa	artment of State:
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Fil Certified C Additional enclosed)	Сору	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

INOMA ALL APPARATION 95 CHEPPHIN	. Cilcul: (4): 4): Finalida Dant of Stata)	
	filed with the Florida Dept. of State)	
0000025477 ( ocument Number of	Corporation (if known)	
suant to the provisions of section 607.1006, Florida Statutes, this I	·	owing amendment(s
If amending name, enter the new name of the corporation:		
		The new
ne must be distinguishable and contain the word "corporation," "coc.," or Co.," or the designation "Corp," "Inc," or "Co". A hartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbre professional corporation name must co	viation "Corp"
Enter new principal office address, if applicable:		
incipal office address <u>MUST BE A STREET ADDRESS</u> )	<del></del>	<del></del>
Passa and mailing address if applicables		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	2020
		-p . ·
If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
		2: hu 
Name of New Registered Agent	<u></u>	
(Florida str	eet address)	<u> </u>
	. Florida	
New Registered Office Address:	(City)	Zip Code)
w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar w	t with and accept the obligations of the positi	tion.
Signature of New R	egistered Agent, if changing	
reck 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)

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	V		Sergio Pallicer Garcia	2219 NE 41st Avenue
X Add	_		<del>-</del>	Homestead, Florida 33033
Remove				
2) Change				
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change	-			
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				<del></del>

<u>If amending or adding additional</u> , (Attach additional sheets, if necessar	v). (Be specific)	_		
•				
<del>_</del>	<del> </del>	<u>-</u>		
		<u>.</u>		
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			<del></del>	
		-		
			<u></u>	
If an amendment provides for an	exchange, reclassification, or	cancellation of issued s	hares,	
provisions for implementing the	<u>imendment</u> if not contained	in the amendment itsel:	<u>f:</u>	
(if not applicable, indicate N/A	)			
an Carlos Pallicer 90%				
	<del></del> ··			
rgio Pallicer Garcia 10%				
	·	<del></del>		
		<u>.</u>		

	loption:	, 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 blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharehold	er action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend fficient for approval.	dment(s)
must be separately provided for "The number of votes cast	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s) for the amendment(s) was/were sufficient for approval	
by		
selected	rector, president or other officer – if directors or officers have not l, by an incorporator – if in the hands of a receiver, trustee, or other officers by that fiduciary)	been er court
	Juan Carlos Pallicer	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	