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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	DRATION: J&I INVESTMEN	TTS SWFL CORP	
DOCUMENT NUM	BER: P21000004774	· · · · · · · · · · · · · · · · · · ·	
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.	
Please return all com	espondence concerning this ma	utter to the following:	
	EDALISH SANTIAGO ROI	DRIGUEZ	
		Name of Contact Perso	n
	J&I INVESTMENTS SWFL	CORP	
		Firm/ Company	
	4107 15TH ST SW		
		Address	
	LEHIGH ACRES, FL 33976		
		City/ State and Zip Cod	e
For further information	E-mail address: (to be use on concerning this matter, please	sed for future annual report se call:	notification)
EDALISH SANTIA	GO RODRIGUEZ	at (239	703-4228
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made		
☐ \$35 Filing Fee	■\$43.75 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)
Am	iling Address endment Section rision of Corporations	Amend	Address ment Section on of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

J&LINVESTMENTS SWFL CORP

(Name of Corporation	on as currently filed with the Fl	orida Dept. of State)	
P21000004774			
(Docum	ent Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Cor	poration adopts the following	ig amendment(s) t
A. If amending name, enter the new name of the co	rporation:		
name must be distinguishable and contain the word "co	erporation." "company." or "ince	orporated" or the abbreviati	_The new on "Corn"
"Inc.," or Co.," or the designation "Corp." "Inc.," "chartered," "professional association," or the abbres	or "Co". A professional cor	porution name must contai	n the word
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>			
	· · · · · · · · · · · · · · · · · · ·		1 2 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>		写. ————————————————————————————————————
			-
D. If amending the registered agent and/or register new registered agent and/or the new registered of		ter the name of the	· 5
Name of New Registered Agent			`
			_
	(Florida street address)		-
New Registered Office Address:	(City)	, Florida(Zip (Codet
	•	,	,
Name Description of Association (Control of Control of			
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.	stered Agent: l am familiar with and accept the	obligations of the position.	
			~
Signa	ture of New Registered 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:

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MOLINA MONTALVO, JUAN R	4107 15TH ST SW
Add			LEHIGH ACRES, FL 33976
X Remove			
2) Change	P	SANTIAGO RODRIGUEZ, Edalish	4107 15TH ST SW
X Add			LEHIGH ACRES, FL 33976
Remove 3) Change			
Add			
Remove			- -
4) Change			······································
Add			- !
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary)	ticles, enter change(s) here: (Be specific)	
-		

- · · · · · · · · · · · · · · · · · · ·		
71.		
		
•		
	<u> </u>	
	-	
an amendment provides for an exc	hange, reclassification, or cancellation of issued	shares,
irovisions for implementing the am	endment if not contained in the amendment itse	<u>If:</u>
(if not applicable, indicate N/A)		
•		

The date of each amendment(s late this document was signed.) adoption:	if other than t
1	2/06/2023	
ffective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
lote: If the date inserted in the ocument's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
doption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and	l shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): ast for the amendment(s) was/were sufficient for approval	
bv	"	
	(voting group)	
12/06/20	23	
Dated		7
Signature		· .
	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		
арро	inted fiduciary by that fiduciary)	-
	JUAN R MOLINA MONTALVO	<u>-</u>
	(Typed or printed name of person signing)	- 2
	PRESIDENT	
	(Title of person signing)	