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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	JCAG ENTERPRISE CURPORATION
DOCUMENT NUMBER:	P210000 43428
The enclosed Articles of Amendmen	nt and fee are submitted for filing.
Please return all correspondence cor	acerning this matter to the following:
	JESSICA GIUGLIANOTTI
 .	SESSICA GIUGLIANOTTI Name of Contact Person
	JCAG ENTERPRISE CORPORATION Firm Company
	• •
	3717. SW 2 ¹² (N. Address
	CAPE CURAL FL 33991 City/ State and Zip Code
	City/ State and Zip Code
	JCAGENTCO G-MAIL COM ddress: (to be used for future annual report notification)
É-mail a	ddress: (to be used for future annual report notification)
For further information concerning t	his matter, please call:
JAMES GIVE	son at (239) 689 0018 Area Code & Daytime Telephone Number
Name of Contact Per	Son Area Code & Daytime Telephone Number
Enclosed is a check for the following	g amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Certifi	5 Filing Fee & Status Status Status Certified Copy (Additional copy is enclosed) Status Status Certified Copy (Additional Copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 33	rations Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

''	
JCAG ENTERPRISE CORP.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P21000043428	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folits Articles of Incorporation:	lowing amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbr	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbr "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must e "chartered," "professional association," or the abbreviation "P.4."	eviation "Corp.," contain the word
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) Milling address MAY BE A POST OFFICE BOX	
	
	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Λ//Δ	
Name of New Registered Agent / //	
(Florida street address)	
New Registered Office Address: . Florida	
New Registered Office Address: Y (Civ) Florida	(Zip Code)
	•
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the pos	ition. 🕟 📸
	21
	\$5 2.5
Signature of New Registered Agent, if changing	
	110
Check if applicable	දා
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	25

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> <u>John I</u>	Doc	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) <u>×</u> Change	PD	JESSICA GIUGLIANOTTI	3712 SW 20ch.
★ Add			CAPE CORAL FL 33991
Remove 2) Change	SVD	JAMES GIUGLIANOTTI	3712 SW 212 Ln.
2) Change Add		Shires Grotesinios.	CAPE CORAL PL 33P?
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ts, if necessary).	(Be specific)	1		
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The date of each amendment(s) adoption: $06/10/2021$ if other than the date this document was signed.
Effective date if applicable: ASOVE (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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
Signature (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)
(Typed or printed name of person signing)
(Title of person signing)