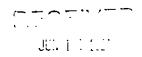
P21000044172

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

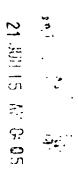
Office Use Only



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J DENNIS JUL 14 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	JUSAM CORP
DOCUMENT NUMBER:	P21000044172
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
	HERRERA ARANGO, OLGA JULIANA
	Name of Contact Person
	JUSAM CORP
	Firm/ Company
	7965 SW 164 PLACE
	Address
	MIAMI, FL 33193
	City/ State and Zip Code
	jusamcorp@gmail.com
F-mail address	: (to be used for future annual report notification)
For further information concerning this ma Juan Carlos Escobar	·
Name of Contact Person	at (
Enclosed is a check for the following amou	int made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	JUSAM CORP	
(Name of Corpor	ration as currently filed with the Florida Dept. of State)
	P21000044172	
(Doc	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florts Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the f	ollowing amendment(s
. If amending name, enter the new name of the	e corporation:	
		The new
	l "corporation," "company," or "incorporated" or the abb inc," or "Co". A professional corporation name must bbreviation "P.A."	
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
). If amending the registered agent and/or registerew registered agent and/or the new register	istered office address in Florida, enter the name of the red office address:	
Name of New Registered Agent		
	(Florida street address)	 ·_
New Registered Office Address:	, Florida_	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accept the obligations of the po	sition.
		<u>ව</u> දි
Si	ignature 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 Doc 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	$\overline{b.L}$	<u>John De</u>	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		· · ·	BETANCUR HERRERA, SAMUEL	7965 SW 164 PLACE
Add _X Remove				MIAMI, FL 33193
2) Change		_		
Add				
Remove 3) Change		 -		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)
	
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and the amendment itself:
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	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(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 bl document's effective date on the De	ock does not meet the applicable statutory filing requirements partment of State's records.	s, 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 shareho	older action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the ame ficient for approval.	endment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes east t	or the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
Dated_Oo/	0/2021 Juliana H.	
Signature	JULIANA H.	
sclected	rector, president or other officer – if directors or officers have n , by an incorporator – if in the hands of a receiver, trustee, or o ed fiduciary by that tiduciary)	
	HERRERA ARANGO, OLGA JULIANA	
-	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	