# P21000044397

(Re	equestor's Name)	
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(Ac	ldress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP		MAIL
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Certified Copies	Certificates	of Status
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### COVER LETTER

TO: Amendment Section

**Division of Corporations** 

NAME OF CORPORATION: \_\_\_\_\_JULIAN'S INVESTMENTS INC

DOCUMENT NUMBER: P21000044397

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA M SANTILLAN GARCIA Name of Contact Person JULIAN INVESTMENTS INC Firm/ Company 605 S WINONA AVENUE Address LAKE ALFRED , FL 33850 City/ State and Zip Code

freyessantillan1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 ERLYN M. DEPENA
 at (407)
 346-7328

 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:

S35 Filing Fee

□ \$43,75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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# Articles of Amendment to Articles of Incorporation of

JULIAN'S INVESTMENTS INC

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

P21000044397

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1066. Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

# A. If amending name, enter the new name of the corporation:

		The new
name must be distinguishable and contain the word "corporation." " "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". "chartered." "professional association," or the abbreviation "P A	A professional corporation name must contain	n "Corp.," the word
B. Enter new principal office address, if applicable:	605 \$ WINONA AVENUE	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	LAKE ALFRED, FL 33850	
C. <u>Enter new mailing address, if applicable:</u> (Muiling address <u>MAY BE A POST OFFICE BOX</u> )		
D. <u>If amending the registered agent and/or registered office add</u> <u>new registered agent and/or the new registered office addres</u> <u>Name of New Registered Agent</u>		
(Florida s	treet addressj	
<u>New Registered Office Address:</u>	(City) (Zip C	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	۲ - ال
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	5
		လ က
Signature of New 1	Registered Agent, if changing	สา .

## 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:

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Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CEO	FRANCISCO REYES	605 S WINONA AVENUE
X Add			LAKE ALFRED, FL 33850
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
57 Change			
Add			
Remove			
ර) Change			
Add			
Remove			

# E. If amending or adding additional Articles, enter change(s) here:

(Anach additional sheets, if necessary). (Be specific) ADDING NEW OFFICER.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	

#### Effective date if applicable:

(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

bv	
. –	(voting group)
	JUNE 26, 2021 Dated
	Signature <u>An <u>c</u> <u>solution</u> <u>G</u> (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)</u>
	ANA M SANTILLAN GARCIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)