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(Requestor's Name) (Address)	600391835406
(City/State/Zip/Phone #)	10.00 -5.004000 (**).
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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 SANTILLAN GARCIA Name of Contact Person JULIAN INVESTMENTS INC Firm/ Company 605 S WINONA AVENUE Address LAKE ALFRED, FLORIDA 33859 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		407 at (	346-7328
Name of	f Contact Person	······································	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	☐\$43.75 Filmg Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amenc Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 usee, FL 32303

## 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 607,1006, 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:

. .

. ...

Inc.," or Co.," or the designation "Corp. chartered," "professional association," or th	
<ol> <li>Enter new principal office address, if ap Principal office address <u>MUST BE A STREE</u></li> </ol>	
Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF</u> )	
<ol> <li>If amending the registered agent and/or new registered agent and/or the new reg <u>Name of New Registered Agent</u></li> </ol>	nter the name of the
	nter the name of the

<u>New Registered Agent's Signature, if changing Registered Agent:</u> Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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 = ChiefExecutive 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:

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	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	CEO	FRANCISCO REYES	605 WINONA AVENUE
Add			LAKE ALFRED, FL 33850
Remove			
2) Change	<u>vp</u>	FRANCISCO REYES	605 WINONA AVENUE
X Add			LAKE ALFRED, FL 33850
Remove			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change	<u> – – – – – – – – – – – – – – – – –</u>		
Add			
Remove			
6) Change			
Add			`
Remove			

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•		-						
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	els, if necessary).				
NGING EXISTING	I "CEO" SHAREHO	ADER TITLE	TO "VICE PRES	IDENT".	
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		···			
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		<u> </u>			
					· · · · · · · · · · · ·
an amendment pro	ovides for an exchai ementing the among	<u>nge, reclassific</u>	ation, or cancella	ation of issued shi	ares,
(if not applicabl	e, indicate N/A)	<u>mient n noi co</u>	intaineu în înc ai	neuument asen:	
<i>,</i> , , , , , , , , , , , , , , , , , ,					



## 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)

- Z The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- $\Box$  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)

AUGUST 2, 2022 Dated

Signature Anc = M S callea G(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)

ANA M SANTILLAN GARCIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)