## P21000066294

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SECRETARY OF STATE
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A. Butler

## COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: \_ Jason Jenny Inc DOCUMENT NUMBER: P21000066294 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Julie Harte Name of Contact Person Harte & Company Acctg and Tax Firm/ Company 9424 Balm Riverview Rd Address Riverview, FL 363569 City/ State and Zip Code jharte@hartecpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (803 ) 677-9005
Area Code & Daytime Telephone Number Julie Harte Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **□\$43.75** Filing Fee & ☐\$43.75 Filing Fee & \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

lason Jenny Inc			88
(Name of Corporation as currently f	iled with the Florida De	Margaria 6 Alt 1:	09
21000066294		SECRETAL / OF ST	ATE
(Document Number of C	orporation (if known)	TALLAMASSEE, F	
ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florida	orida Profit Corporation	adopts the following amo	endment(s)
. If amending name, enter the new name of the corporation:			
		The The	new
name must be distinguishable and contain the word "corporation," "con Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated rofessional corporation	I" or the abbreviation "C name must contain the	orp.," word
B. Enter new principal office address, if applicable:			
Principal office address MUST BE A STREET ADDRESS )			
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
). If amending the registered agent and/or registered office addres	s in Florida, enter the n	ame of the	
new registered agent and/or the new registered office address:			
Name of New Registered Agent		<del></del>	
(Florida street	address)		
N. D 100		Wanida	
New Registered Office Address: (C	ity)	, Florida (Zip Code)	
iew Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligati	ons of the position.	
Signature of May Rea	istered Agent, if changing	77	
Signature of ivew neg	mercu rigem, y enunging	5	
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)

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. President. President. President. President.

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>	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>	Address
1) Change	VP	Jennifer Curtis	14701 N 17th Street
Add			Lutz, FI 33549
x Remove		<u>-</u>	
2) Change	-		
Add			
Remove 3) Change			
Add			
Remove		_	
4) Change			
Add			
Remove			
5) Change	*****		
Add			
Remove			
6) Change			
Add	<u> </u>		
Remove			
KUHOVC			

Attach additional sheet	additional Articles, en s, if necessary). (Be s	pecific)			
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an amendment prov	<u>vides for an exchange, i</u> nenting the amendmen	reclassification, or	in the amendment	ued snares, itself:	
if not applicable,	indicate N/A)	i ii not comained	in the amendment	113611.	
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	07/20/2021	, if other than the
The date of each amendment(s) ad date this document was signed.	option:	
Effective date <u>if applicable</u> :	(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 requino partment of State's records.	ements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
action was not required.	pted by the incorporators, or board of directors without s	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for t fficient for approval.	he amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The fa- each voting group entitled to vote separately on the ame	ollowing statement ndment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·,	(voting group)	
Dated	22-21 asou Civita	
Signature	asou Curto	
(By a d	irector, president or other officer – if directors or officer d, by an incorporator – if in the hands of a receiver, trust ted fiduciary by that fiduciary)	s have not been ee, or other court
	Jason Curtis	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	<del></del>