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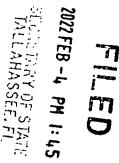
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	RPORATION: JIM EMPIRE INC		
	UMBER: P21000101683	-	
	icles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	JIM IVAN BREA PEREZ		
		Name of Contact Person	1
	JIMEMPIRE INC		
	•	Firm/ Company	
	860 PALM TREE LANE		
		Address	
	HAVERHILL FL 33415	Address	
		City/ State and Zip Cod	
		City/ State and Zip Cod	e
	jbreawpb@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further inforr	nation concerning this matter, pleas	se call:	
JIM IVAN BREA	A PEREZ	561	814-6973
N	ame of Contact Person	\	de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fo	ce	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JIM EMPIRE INC		
(Name o	of Corporation as currently	filed with the Florida Dept. of State)
P21000101683		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
JIMEMPIRE INC		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered." "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, i (Principal office address <u>MUST BE A ST</u>		N/A
		2022
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		N/A HA
		SSEE. T
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the name of the
Name of New Registered Agent	JIM IVAN BREA PEREZ	
	860 PALM TREE LANE	
•	(Florida stree	t address)
New Registered Office Address:	HAVERHILL	Florida 33415
	(0	(Zip Code)
New Registered Agent's Signature, if che hereby accept the appointment as registed.	red agent. I am familihr vi	h and accept the obligations of the position.
Check if applicable	Juliana of Julian Keg	witter Agent, if thunging

☐ 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, 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>	John Doe			
X Remove	Y	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) X Change	P	JIM IVAN	BREA PEREZ	860 PALM TREE LANE	
Add				HAVERHILL, FL 33415	_
Remove					
2) Change					_
Add					
Remove 3) Change					_
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					-
6) Change					
Add					
Remove					

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) A	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	

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•	12/03/2021	
The date of each amendment(s) date this document was signed.	adoption:	if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this expartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were:	lopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	it(s)
	proved by the shareholders through voting groups. The following states reach voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
,	(voting group)	
1/24/2022 Dated		
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	JIM IVAN BREA PEREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	