## P2200047507

(Requestor's Name)				
(Addres	s)			
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(City/Sta	ate/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Busine	ss Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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2022 JUL 22 AM 11:23

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SECRETARY OF STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 763165 8368352
AUTHORIZATION :
COST LIMIT : \$35.00
ORDER DATE : June 21, 2022
ORDER TIME : 4:47 PM
ORDER NO. : 763165-005
CUSTOMER NO: 8368352
DOMESTIC AMENDMENT FILING  NAME: JCB ELITE GROUP INC
EFFECTIVE DATE:
XXX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland FXT#

EXAMINER'S INITIALS:

## Articles of Amendment Articles of Incorporation of

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2022 JUL 22 AM 10: 41

JCB ELITE GROUP INC	LOLL SUL 22 AM
(Name of Corporation :	as currently filed with the Florida Dept. of State) SECRETARY or
P22000047507	TALL AHASSEE, FI
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida States of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	oration:
	The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc.," or "chartered," "professional association," or the abbrevial	oration," "company," or "incorporated" or the abbreviation "Corp.," r "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: [Principal office address MUST BE A STREET ADDRE	607 E. 29TH STREET
	SANFORD, FL 32773
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	607 E. 29TH STREET
	SANFORD, FL 32773
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent: n familiar with and accept the obligations of the position.
поголу иссерь те арропитель аз гедімегей адеті. Тап	ч јатаса ман ини иссерстве оонданонѕ ој тве рохион.
	and Name Description of the control of the control
Signature	e 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)

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	PT	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	P/D	JAMES G PRADO	607 E. 29TH STREET	
Add				
X Remove			SANFORD, FL 32773	
2) Change	P/D	JAIME G PRADO	607 E. 29TH STREET	
X Add				
Remove 3 ) Change			SANFORD, FL 32773	
Add				
Remove				
4) Change				
Add				
Remove			<del></del>	
5) Change				
Add			<del> </del>	
Remove			<del></del>	
6) Change				
Add				
Remove				

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	ling additional Art neets, if necessary).	(Be specific)				
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f an amendment p	rovides for an excl	nange, reclassific	ation, or cancella	tion of issued sh	ires.	
provisions for imp	lementing the ame	ndment if not co	ntained in the an	nendment itself:		
(if not applicab	ole, indicate N/A)					
<del></del>						
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The date of each amendment(s) adoption:	, if other than the
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 s document's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board action was not required.	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	per of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through values to be separately provided for each voting group entitled to vote set.	
"The number of votes cast for the amendment(s) was/were suff	icient for approval
by	<u> </u>
(voting group)	
6/29/2022	
DatedDocuSigned by:	
( <del>4</del> )-	
Signature/ (By a director, president or other officer - ii	212 4 72 1
selected, by an incorporator – if in the hand	
appointed fiduciary by that fiduciary)	of a receiver, ausiect of other court
JAIME G. PRADO	
(Typed or printed name of	of person signing)
(Title of person signing)	