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COVER LETTER

TO: Amendment Section
Division of Corporations
NAME OF CORPORATION: JACQUEINE JAMUS - MHCHELLING
DOCUMENT NUMBER: () 20 00 00 000
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jacqueline Samuels Name of Contact Person
Jacquelle Saniers-Mitchell INC
1419 Artum pines de
City/ State and Zip Code
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jacques 5 ances at 900, 705 - 272 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 Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

	Articles of incorporation	
\	, of	
\ <i>(</i>	Mouther Samuels- Mitchell	INC
	(Name of Corporation as currently filed with the Florida Dept. of State)	
_/	$\sim 10^{\circ}$	

!	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Jacaveline Samuels	The new
name must he distinglaishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.,	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word 4."
B. Enter new principal office address, if applicable:	1419 Arrow prod
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Oringe pari Floriac
	32045
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1419 autump ansider
	Oringe par Formas
	3065
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent 6000C	line Sanveis
<u> </u>	author pines de
	street address;
New Registered Office Address:	(City) Code Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. Lam Samiliar with and accept the obligations of the position.

gnature 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 = 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:	e, una sany smin	i, 57 ta an 70a.				
Example: X Change	PT John	<u>Doe</u>				
X Remove	<u>V</u> <u>Mike</u>	Jones				
X Add	SV Sally	Smith				
Type of Action (Check One) 1)ChangeAdd	Title CEO	Name JDS Fam	thast In	Address C	119 augu	m pint
Remove 2) Change Add 3) Change Add	P.	Jeman Am	Caudos DESOS	part part	1419 Aut my pins Frohal Quanting anjepani	im dr dray
Remove Change Add	P	Ham	oni Sluje nitenell	1419 Orang	autm c pane 1	- 12 ms dr 51 32005
Remove 5) Change	P 7	Jacquesi	ne D anudo	1419 Vary	autum pari F	2005 13065
Remove Change Add Remove	PJ	acqueline		dru	Adm p ruy par 320125	x P1
Remore	IP Jac	greling 1419 Drange	Mitchell Aurum Danc o	estates pines	S LLC	_

C	range EIN# 72-1099525 nange EIN# TO 92-123191	9
Y <u>.</u>	emore VP Jacquerine Mitchell Esta 1419 Outum Pines dr Orange park 77. 32065	Hes U
	emore P Jacquein Sameis-Mi- 1419 autim pinis de mon ma pare Monae 3206	ichel 5
<u> </u>	Jacqueine D. Same 1419 autim pires de Oranje pare Florida 320	15
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)	

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) ado date this document was signed.	ption:	120/2024	, if other than the
Effective date <u>if applicable</u> :	1201224 (no more than 90 de	iys after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.		e statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or boa	rd of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff		imber of votes cast for the amendmen	nt(s)
☐ The amendment(s) was/were appromust be separately provided for each	ch voting group entitled to vot	e separately on the amendment(s):	ment
"The number of votes east fo	r the amendment(s) was/were s	ufficient for approval	
by	(voting group)		
selected.	And Volin	indirectors or officers have not been unds of a receiver, trustee, or other control of the contr	
	Donald	م ا	
	# /LASL 1 ~4		

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