P23000053585

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: JIMPRO CORPORAT	ION			
DOCUMENT NUM	MBER: P23000053585				
The enclosed Article	es of Amendment and fee are submi	tted for filing.			
Please return all cor	respondence concerning this matter	to the following:			
	CARLOS MACEDO				
	1	Name of Contact Person			
	C & S ACCOUNTING				
	Firm/ Company				
	9745 SW 56 ST.				
	Address				
	MIAMI, FL. 33165				
	City/ State and Zip Code				
	c_macedo9745@yahoo.com				
	E-mail address: (to be used	for future annual report	notification)		
For further informat	tion concerning this matter, please c	all:			
Carlos Macedo		at (344-2244		
Nam	e of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check	for the following amount made pay-	able to the Florida Depa	rtment of State:		
■ \$35 Filing Fee	Certificate of Status	343.75 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 Street Address
Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

	(Name of Corporation as cu	rrently filed with the Florida	a Dept. of State)
JIMPRO CORPORATION	P23000053585		
	(Document Nun	nber of Corporation (if known	١)
tursuant to the provisions of se is Articles of Incorporation:	ection 607.1006, Florida Statutes	s, this <i>Florida Profit Corpora</i>	tion adopts the following amendment
. If amending name, enter (the new name of the corporation	on:	
			The
Inc.," or Co.," or the desig	nd contain the word "corporation mation "Corp," "Inc," or "Co cociation," or the abbreviation "	o". A professional corpora	rated" or the abbreviation "Corp.," tion name must contain the word
. Enter new principal office			
Principal office address <u>MUS</u>	<u>ST BE A STREET ADDRESS</u>)		
		-	
. Enter new mailing addre (Mailing address MAY BE			
(Maining address MAT BE	A POST OFFICE BOX		
. If amending the registered	d agent and/or registered offic	e address in Florida, enter tl	he name of the
	or the new registered office ad		
Name of New Register	red Agent		
	(Flor	ida street uddress)	
New Registered Office	Address:		Florida
		(City)	(Zip Code)
ew Registered Agent's Sign	ature, if changing Registered A	4 gent:	
hereby accept the appointmen	t as registered agent. I am fam	niliar with and accept the oblig	gations of the position.
	Signature of 1	New Registered Agent, if chan	ging

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	<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>	<u>Addres</u> s	
1) Change	P	CARLOS MACEDO	9745 SWS 56 ST	
Add			MIAMI, FL. 33165	
Remove 2) Change	PΤ	JIMMY PENA	7735 W 29th WAY	
X Add			APT. 102	
Remove 3) Change			HIALEAH, FL. 33018	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			**	
Remove				

If an amendment provides for an exchange, reclassif	cation, or cancella	tion of issued s	hares,	
provisions for implementing the amendment if not (if not applicable, indicate N/A)	ontained in the an	<u>nendment itself</u>	<u>ı:</u>	
(y nor approximately managers)				
				
	<u> </u>			

. . .

	08/26/2023	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
	/26/2023	
Effective date if applicable:	(no more than 90 days af	ver amendment file date)
Note: If the date inserted in this document's effective date on the I		utory filing requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	Jopted by the incorporators, or board of o	lirectors without shareholder action and shareholder
☐ The amendment(s) was/were aby the shareholders was/were	lopted by the shareholders. The number sufficient for approval.	of votes cast for the amendment(s)
	oproved by the shareholders through voti or each voting group entitled to vote sepa	
"The number of votes can	st for the amendment(s) was/were suffici	ent for approval
by		
· -	(voting group)	
09/08/202	13	
Dated	RUCA	
select	director, president or other officer – if di ed, by an incorporator – if in the hands o nted fiduciary by that fiduciary)	
	LEYDA V. CANAAN PEREZ	
	(Typed or printed name of p	erson signing)
	VP	
	(Title of person signing)	

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