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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: J MARTINEZ 14	INC.	
	ABER: P24000009091		
The enclosed Article	es of Amendment and fee are s	ubmitted for filing.	
Please return all corr	respondence concerning this m	atter to the following:	
	CARLOS MARTINEZ		
		Name of Contact Person	On
	J MARTINEZ 14 INC.		on .
	<u></u>	Firm/ Company	
	22 HOMESTEAD RD N		
		Address	
	LEHIGH ACRES, FL 33936	5	
		City/ State and Zip Cod	de
	CARLOSATAUSA08@GM	AIL.COM	
		sed for future annual repor	t notification)
For further information	on concerning this matter, plea	se call:	
CARLOS MARTINE	EZ	at (758-2684
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made		•
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations Entre of Tallahassee N. Monroe Street, Suite 810 Ssee, FL 32303

Articles of Amendment to Articles of Incorporation

of

J MARTINEZ 14 INC.	Same of the same
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co", "chartered," "professional association," or the abbreviation "P.A.	d mynfamianal manager
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	22 Homestead Rel N LEHIGH ACRES, FL 33936
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	22 Homestear Rd N Chigh Acres, to 33936
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office address 	ress in Florida, enter the name of the
Name of New Registered Agent One.	Stop Multi Service Officel
	mostad fol N.
New Registered Office Address: Lehigh	Acres , Florida 33936 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar was a second to the appointment of the second to the appointment as registered agent.	: with and accept the obligations of the position
· · · · · · · · · · · · · · · · · · ·	ReLevana
	egistered 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:

X_Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	P	CARLOS MARTINEZ	22 HOMESTEAD RD N
Add			LEHIGH ACRES, FL 33936
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

tach additional sheets, if n	itional Articles, enter change(s) here: necessary). (Be specific)	
Thornging	Registeres Agent EAddres	. ک
		-
		_
·		
		
 .		
		,
amendment provides for visions for implementin (if not applicable, indica	or an exchange, reclassification, or cancellation of issued shares, g the amendment if not contained in the amendment itself: $me\ N/A$)	
	1 0	
	NA	
		

he date of each amendment(s) adoption: alter this document was signed. Iffective 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 statutory filing requirements, this date will not be listed as the Joeument's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators or board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by (voting group) Dated Signature (voting group) (voting group) Carlos Martines (Typed or printed name of person signing) (Title of person signing)		, if other than the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by	he date of each amendment(s) adop ate this document was signed.	otion:
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Dated Signature (Voting group) O 7 ((2) 4 Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing) President	Note: If the date inserted in this blocklocument's effective date on the Department of Amendment(s) The amendment(s) was/were adoption was not required. The amendment(s) was/were adoptive the shareholders was/were sufficiently by the shareholders was/were approved the senarately provided for	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records. (CHECK ONE) The incorporators or board of directors without shareholder action and shareholder pited by the shareholders. The number of votes cast for the amendment(s) fficient for approval. The following statement each voting group entitled to vote separately on the amendment(s):
Signature Of (2) Of (2) Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Carlos Martines (Typed or printed name of person signing)		
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing) (Typed or printed name of person signing)	by	
(Typed or printed name of person signing) Pressiclerit	Signature (By a	director, president or other officer - if directors or officers have not been director, president or other officer - if directors or officers have not been directly an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) Carlos Martinet
		(Thread or printed name of person signing)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: MARTINEZ 14	INC.	
DOCUMENT NUM	BER: P24000009091		
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	CARLOS MARTINEZ		
	J MARTINEZ 14 INC.	Name of Contact Perso	n
	·	Firm/ Company	
	22 HOMESTEAD RD N		
		Address	
	LEHIGH ACRES, FL 33936		
		City/ State and Zip Cod	e
	CARLOSATAUSA08@GM.	AIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
CARLOS MARTINE	ZZ	at (239) 758-2684 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation



J MARTINEZ 14 INC.	
(Name of Corporation as current)	v filed with the Florida Dept. of State)
P2400009991	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	22 Homestead Rd N
(Principal office address MUST BE A STREET ADDRESS)	LEHIGH ACRES, FL 33936
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	22 Homestean Rd N Cligh Acres, 72 33736
	leligh Acres, tr 33936
 If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address: 	ress in Florida, enter the name of the
Name of New Registered Agent One.	Stop Multi Service Office
1237 HO	mostead Rd N.
New Registered Office Address: Lehigh	Pet address) Acres Florida 33936 (City) (Zip Code)
	·
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	rith and accept the obligations of the position.
	CeLevama

Signature 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.

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X Change	<u>PT</u>	John De	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) X Change	P	_	CARLOS MARTINEZ	22 HOMESTEAD RD N
Add				LEHIGH ACRES, FL 33936
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change	-	_		
Add				
Remove				
б) Change		_		
Add				
Remove				

71	0 1 1 1 1 1 1 1 1
1 hanging	Registeres Agent & Address
_	0
amenament provides to visions for implementin	for an exchange, reclassification, or cancellation of issued shares, up the amendment if not contained in the amendment itself:
(if not applicable, indica	ate N/A)
·	
	i A

The date of each amendment(s) addate this document was signed.	if other than il
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
Dated	$\frac{07(8/24)}{}$
Signature	
(By a di selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diductary by that fiductary)
	Carlos Martinez
	(Typed or printed name of person signing)
	President
-	(Title of person signing)