

P24000031939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

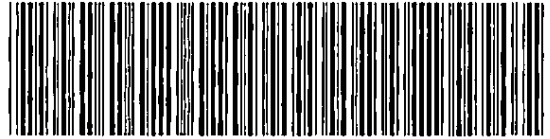
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100434519121

09/15 24--01011--005 **35.00

FILED
2024 OCT 23 PM 2:51
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRABAJO DE JUANA GROUP INC

DOCUMENT NUMBER: P24000031939

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUANA NOLASCO GARCIA
Name of Contact Person
TRABAJO DE JUANA GROUP INC
Firm/ Company
9801 OLD BAYMEADOWS RD APT 99
Address
JACKSONVILLE, FL 32256
City/ State and Zip Code
GGSLLC@HOTMAIL.COM
E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

JUANA GARCIA at 904 805-5644
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:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2024

JUANA NOLASCO GARCIA
9801 OLD BAYMEADOWS RD
APT 99
JACKSONVILLE, FL 32256

SUBJECT: TRABAJO DE JUANA GROUP INC
Ref. Number: P24000031939

We have received your document for TRABAJO DE JUANA GROUP INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 824A00018640

*Received 10/23/24
back*

Articles of Amendment
to
Articles of Incorporation
of

TRABAJO DE JUANA GROUP INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P24000031939

(Document Number of Corporation (if known))

FILED

2024 OCT 23 PM 2: 51

TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9801 OLD BAYMEADOWS RD APT 99

JACKSONVILLE FL 32256

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9801 OLD BAYMEADOWS RD APT 99

JACKSONVILLE, FL 32256

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent JUANA NOLASCO GARCIA

9801 OLD BAYMEADOWS RD APT 99

(Florida street address)

New Registered Office Address: JACKSONVILLE, Florida 32256

(City)

(Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Juana Nolasco Garcia

Signature of New Registered Agent, if changing

Check if applicable

[] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	MGR	JUANA NOLASCO	9710 BAYTREE TOWN CIR APT E JACKSONVILLE, FL 32256
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	MGR	MANUELA LOPEZ DE PEREZ	9710 BAYTREE TOWN CIR APT E JACKSONVILLE, FL 32256
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	ANITA ODILIA PEREZ GARCIA	9801 OLD BAYMEADOWS RD APT 99 JACKSONVILLE, FL 32207
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	MARIA NOLASCO DOMINGO	10100 BAYMEADOWS RD APT 910 JACKSONVILLE, FL 32256
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (the specifier)

(Attach additional sheets, if necessary). (the specifier)

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

09/19/2024

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

09/19/2024

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 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) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors, if the amendment(s) required 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 JUANA NOLASCO GARCIA

(voting group)"

09/19/2024
Dated _____

Signature Juana Nolasco Garcia
(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)

JUANA NOLASCO GARCIA

(Typed or printed name of person signing)

OWNER / CEO

(Title of person signing)

TALLAHASSEE, FLORIDA

2024 OCT 23 PM 2:51

FILED