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2024 HOV 13 PH 3: 52

A. RAMSEY NOV 142024

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION:				
DOCUMENT NUM	IBER: P24000065179		-		
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Jane Muir				
		Name of Contact Pe	rson		
	JK Legal PA				
		Firm/ Company			
	Firm/ Company 121 Alhambra Plaza Suite 1500				
	Address				
	Coral Gables, FL 33134				
		City/ State and Zip C	Code		
	jane@miamibusiness.law				
	E-mail address: (to be us	sed for future annual rer	port notification)		
	·	•	,		
For further information	on concerning this matter, plea	se call:			
Jane Muir		786	533-1100		
Name	of Contact Person	Area	Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida D	Department of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	& \$\sumsymbol{\sum}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin		
Mailing Address Amendment Section			eet Address endment Section		
	ision of Corporations	Division of Corporations			
	D. Box 6327	The Centre of Tallahassee			
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2024 HOV 13 AM 9:37

JK Legal PA

(Name of Corporation	n as currently filed with the Florida Dept. of State)
24000065179	
(Docume	ent Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida S Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the cor	poration:
	The new
ame must be distinguishable and contain the word "corp Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbrevi	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word iation "P.A."
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	o
. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Regis	stered Agent:
	am familiar with and accept the obligations of the position.
Signati	ure 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
X Change	PTS	Jane W. Muir	121 Alhambra Plaza Suite 1500
Add			Coral Gables FL 33134
Remove X 2) Change	PTS	- Kayla Riera-Gomez	121 Alhambra Plaza Suite 1500
Add			Coral Gables FL 33134
Remove 3) Change			
Add			
Remove		-	
4) Change			
Add			
Remove		-	
5) Change		<u> </u>	
Add			
Remove		-	
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
ie i tillie i	to the state of th
orovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s	i) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing require Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sh	areholder action and shareholder
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The for for each voting group entitled to vote separately on the amen	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
ъу	,,	
<u> </u>	(voting group)	
	ber 13. 2024	
Dated	Jane W. Mui	
(B(v sele	a director, president or other officer – if directors or officers leted, by an incorporator – if in the hands of a receiver, trustee ointed fiduciary by that fiduciary)	nave not been
	Jane W. Muir	
	(Typed or printed name of person signing)	
	PTS	
	(Title of person signing)	