## P93000003134

(Re	questor's Name)	<del></del>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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R. WHITE APR 09 2019



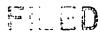
## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Jane Esther Graman DC PA  DOCUMENT NUMBER: P9300003134
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jane Groman Name of Contact Person
Firm/ Company
21864 ARRIBA REAL UNIT 3-1 Address
Address  BOCA RATON FL 33433  City/ State and Zip Code
driaronan @ bellsouth.net  Limil address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jane Groman at (5761) 213-7888  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:
□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



Articles o	of Incorporation	л		
	of	_	2019 APR - I	PM 4: 14
Jane Esther Grom	en DC	PA.		
(Name of Corporation as cur		h the Floric	la Dept. of State)	
P9300003134				2.1 +3 =
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(12/cunem ruma	ser or corporation	MOID III MIOWI	.,	
Pursuant to the provisions of section 607.1006, Florida Statutes, ts Articles of Incorporation:	this <i>Florida Pro</i>	ofit Corpora	ution adopts the fol	lowing amendment(s)
A. If amending name, enter the new name of the corporation	n:			
	_			
name must be distinguishable and contain the word "corpo				The new
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," word "chartered," "professional association," or the abbreviat	or "Co". A pr			
B. Enter new principal office address, if applicable:				
Principal office address <u>MUST BE A STREET ADDRESS</u> )			_	<del></del> ,
		_		
	<del></del>			
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )				
				<del></del>
D. If amending the registered agent and/or registered office	address in Flor	<u>rida, enter t</u>	he name of the	
new registered agent and/or the new registered office add	dress:			
Name of New Registered Agent				
				<del></del>
<del></del>				
(f loru	da street address)			
New Registered Office Address:			, Florida	
	(City)			(Zip Code)
New Registered Agent's Signature, if changing Registered A	gent:			
hereby accept the appointment as registered agent. I am fami	liar with and ac	cept the obli	igations of the posi	tion.

Signature of New Registered Agent, if changing

## 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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	-		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		· · · · · · · · · · · · · · · · · · ·	
Remove			
6) Change			
Add			
Remove			

Truach adam	or adding additional Articles, onal sheets, if necessary). (Be	specific)			
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16					
provisions f	nent provides for an exchange or implementing the amendme	<u>reclassification,</u> nt if not containd	or cancellation o d in the amenda	I issued shares, ent itself:	
(if not a	pplicable, indicate N/A)				
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V <i>H</i> A					
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	The date of each amendment(s) adoption:, if other than the
	date this document was signed.
-	Effective date if applicable:
	(no more than 90 days after amendment file date)
	<b>Note:</b> 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 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)
	☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	- Dated 3 28 19
	Signature A Aronno
	(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)
	Jane 6 m an (Typed or printed name of person signing)
	Pres 1 +

(Title of person signing)