## P94000034633

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2018 FEB 21 PH 3: 3.

## **COVER LETTER**

TO: Amendment Section Division of Corporations 2018 FEB 21 PM 3: 3.

NAME OF CORPORATION: JUPEY AMELICAN IMPULTING,  DOCUMENT NUMBER: P9400034433
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Anon Esq.  Name of Contact Person  The Anon Law Firm  Firm/ Company  7975 NW 155 Street, #A  Address  Matron La kel, FL 33014  City/ State and Zip Code  Walter anon Canon law firm (am  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MilMal Anum at (305) 871-5419  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
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment	
Articles of Incorporation	
of	
OUPER AMERICAN IMPORT I	<b>\C</b> ·
(Name of Corporation as currently filed with the Florida/Dept. of State)	<del></del>
P94000034633	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foliats Articles of Incorporation:	lowing amendment(s) to
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 t "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name to word "chartered." "professional association," or the abbreviation "P.A."	he abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	<u>ස</u>
C. Enter new mailing address, if applicable:	70 00 00
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	<del></del> ·
	で 
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 Chustaidus Machin	
	<del></del>
(Florida street address)	
New Registered Office Address: HIGIPON Florida	33015
(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 posi-	tion.
കൂർ	
AGD	
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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	7	Lin, Fy Shun	1522 Whitchall Drive
Add  Remove			#103 Davit, FL 33384
.2) Change	P	Machin, Onslaidy	19700 West Oakmont Drue HiateahiFL 33015
Remove 3) Change Add	<del></del>	·	
Remove			
4) Change Add			
Remove			
5) Change			<del></del>
Remove			
6) Change			
Add Remove			

	or adding addition tional sheets, if neces					
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provisions	dment provides for a for implementing to applicable, indicate	he amend <mark>ment if</mark> :	assification, or not contained i	cancellation on the amendm	f issued shares, ent itself:	
	_ <del></del>					•
<u> </u>			·			-

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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	n(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voung group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 71418	
a: AGA	
Signature (By a director, president or other officer – if directors or officers have not bee	en
selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	ourt
(Typed or printed name of person signing)	
Diesident.	
(Title of person signing)	

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