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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: ____ J&J OF FT. LAUDERDALE, INC. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company $\mathcal{A} \subset \mathcal{A}$ Address City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$43.75** Filing Fee & □\$52.50 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section **Amendment Section**

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation of

(Name o	of Corporation as curre	ntly filed with the Florida Deg	ot. of State)	
	KUZZNS)		
	(Document Number	r of Corporation (if known)		
D	1006 Florido Como de	in Charles Des Go Community	danta tha fallantina am	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, in	ns <i>Fiorida Projii Corporation a</i>	dopts the following am	enament
•				
A. If amending name, enter the new na	ime of the corporation:			
				new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," of	r "Co". A professional corpor	orated" or the abbrev ation name must conta	viation iin the
B. Enter new principal office address,	if applicable:			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
				—
C. Enter new mailing address, if appli	cable:	13 68 Cal	LE Juce A	
(Mailing address MAY BE A POST)	OFFICE BOX)	1330 0"	(1) - (1)	
		1 Nousan	* NEKEL E	<u> </u>
		91260		
			· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent an			me of the	
new registered agent and/or the nev	JoAnn E Warren	<u>ess.</u>		
Name of New Registered Agent				
	97 Hendricks Isle #3			
	(Florida	street address)		
New Registered Office Address:	Ft. Lauderdale		_, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ns of the position	
The coy accept the appointment at vager		_ ·····		ว
				- - ¬⊓
	OF NN F	- Never		<u>-</u> د
	Signature of New	w 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, at 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 = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offi 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 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 Chang 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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
i) Change	PT	JERRY L. WARREN	97 Hendricks Isle Ft. Lauderdale,F.
Add _X Remove			
2) Change	РТ	JOANN E.WARREN	97 Hendricks Isle Ft. Lauderdale,FI
X Add			#3
Remove 3) Change	VSD	SCOTT SHUEL	97 Hendricks Isle Ft. Lauderdale,Fl:
X Add			#3
Remove			
4) Change			
Add			
5) Change			
Add			
6) Change		_	
Add			
Remove			

. <u>If amend</u> (Attach <i>ac</i>	ing or adding additional Aidditional sheets, if necessary)	rticles, enter chang). (Be specific)	e(s) here:		
	X	•			
l.				·	
		· · · · · · · · · · · · · · · · · · ·			
provisio	endment provides for an exons for implementing the an out applicable, indicate N/A)	nendment if not co	ation, or cancellation ntained in the amer	on of issued shares, adment itself:	
			_		
· · · · · · · · · · · · · · · · · · ·					

	t(s) adoption:	, if other than
date this document was signed Effective date <u>if applicable</u> :	6-20-2019	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements he Department of State's records.	, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amer ere sufficient for approval.	ndment(s)
	re approved by the shareholders through voting groups. The following ed for each voting group entitled to vote separately on the amendment	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder action	areholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	older
6-20- Dated	2019	
Signature	John L. Waven	
(E S4	By a director, president or other officer – if directors or officers have needed, by an incorporator – if in the hands of a receiver, trustee, or of pointed fiduciary by that fiduciary)	
	JOANN E. WARREN	
	(Typed or printed name of person signing)	
	PT - PTD	
	(Title of person signing)	