P11000056921

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(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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Amns

11 OCT -5 PM 3: 34
SECRETARY OF STATE
AND ANASSES ELORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	JEWALUMBUM INC.
DOCUMENT NUMBER: 110	000056921
The enclosed Articles of Amendme	nt and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
JOHN W	Name of Contact Person
JEW AL	UMINUM INC. Firm/ Company
787 SW	ALTON CIRCLE Address
PORT SAIN	Lucie FLORIDA 34953 City/State and Zip Code
<u> </u>	City/ State and Zip Code Lucie Florida 34953 City/ State and Zip Code Lucie Florida 34953 City/ State and Zip Code Lucie Florida 34953
For further information concerning	this matter, please call:
Name of Contact Person	at (772) 237-2199 Area Code & Daytime Telephone Number
Enclosed is a check for the following	g amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate o	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassaa Et 22214	2661 Evecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment			
, to	.6	<i>:</i> ,	
Articles of Incorporation			L. Form
of			11 OCT
JEW ALLEMINUM INC.			SECRETARY PH 3: 34
of Corporation as currently filed with the Florida I	Dept. of	State)	CLAHASSE DEST
911000056921			FLORIDA
(Document Number of Corporation (if known)		

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

NIA	**	The n
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the de name must contain the word "chartered," "profes.	signation "Corp," "In	ic," or "Co". A professional corporati
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	NIA
D. If amending the registered agent and/or reginew registered agent and/or the new registered. Name of New Registered Agent:		in Florida, enter the name of the
New Registered Office Address:	(Florida street	address)
***************************************	(City)	, Florida
New Registered Agent's Signature, if changing thereby accept the appointment as registered agent		and accept the obligations of the position
	NIA	
Sign	ature of New Registere	ed 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>SEC</u>	EVERETT J. WILT	7875WALTONCIR PORTSAWTLUCE, FL 34953	Add Remove
			☐ Add ☐ Remove
	·		Add Remove
	ding or adding additional Articles, ent additional sheets, if necessary). (Be spe	ecific)	
	mendment provides for an exchange, r		
	ions for implementing the amendment not applicable, indicate N/A)	it not contained in the amendment	tseii:
	N IA		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			arrane da marenda de la composição de la c

The date of each amendment	(s) adoption:	·· ·	70-3-11	
		ate of adoption is req	uired)	ľ
Effective date if applicable:	OI OCTOBE	R 2011		
	(no more than 90 day	vs after amendment fi	le date)	
Adoption of Amendment(s)	(CHECK	(ONE)		
The amendment(s) was/we by the shareholders was/we			or of votes cast for the amendment(s	s)
			ting groups. The following stateme arately on the amendment(s):	en.
"The number of votes	cast for the amendmen	nt(s) was/were sufficie	ent for approval	
by		•	"	
	(voting group)			
The amendment(s) was/we action was not required.	re adopted by the boar	d of directors without	t shareholder action and shareholde	er
The amendment(s) was/we action was not required.	re adopted by the inco	rporators without shar	reholder action and shareholder	
Dated	3 OCT 201	1	•	
	100 - 700	, ,		
			rectors or officers have not been	
			`a receiver, trustee, or other court	
арр	ointed fiduciary by tha	at fiduciary)		
	Tokull	DUT		
	(Typed o	ULT or printed name of per	son signing)	
	PRESIDENT (Title of pers	7		
	(Title of pers	son signing)		