L38194

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: L.J.J. Associates, I	Inc.	
DOCUMENT NUM			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Seth D. Corneal, Esq.		
•		Name of Contact Person	n
	The Corneal Law Firm	,	
		Firm/ Company	
	509 Anastasia Blvd.		
		Address	
	St. Augustine, FL 32080		
		City/ State and Zip Cod	e
seth(gcorneallaw.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Seth D. Corneal, Esq.		at (519-5333
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	ertment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee. Certificate of Status Certified Copy (Additional Copy is enclosed)

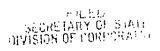
Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of



9816 NOV 22 PM 3: 12

L.J.J. Associates, Inc.		COLD HOT ET
(Name of	Corporation as currently filed with the F	lorida Dept. of State)
L38194		
	(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Florida Profit Con</i>	rporation adopts the following amendment(s)
A. If amending name, enter the new nam	e of the corporation:	
L.J.J. Development, Inc.		The new
	ion "Corp," "Inc," or "Co". A professio	or "incorporated" or the abbreviation.
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST OF</u>		
D. If amending the registered agent and/ new registered agent and/or the new r	or registered office address in Florida, en registered office address:	ter the name of the
Name of New Registered Agent	The Corneal Can Firm	Seth Conneal
_	509 Anastasia Blud (Florida street address)	
New Registered Office Address:	St. Augustine	, Florida 32080 (Zip Code)
New Registered Agent's Signature, if chan hereby accept the appointment as registered	nging Registered Agent: ed agent. I am familiar with and accept the	

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.

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)	Title	Name	Address
1) Change			· .
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Keniove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
			· • • · · · · · ·
			<u> </u>
f an amendment provides for an exch	ange reclassification or cano	allation of issued shapes	
provisions for implementing the amer	dment if not contained in the	amendment itself:	
(if not applicable, indicate N/A)			
			

The date of each amendment(s) adoption:	if other than the
dute this document was signed.	THISTON OF CONFORATION
Effective date <u>if applicable</u> : (no more than 90 days after	amendment file date) 2016 NOV 22 PM 3: 12
Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ry filing requirements, this 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 by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate	
"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 sha action was not required. The amendment(s) was/were adopted by the incorporators without shareho action was not required. 	
Dated	
(By a director, president or other officer - if direct	
selected, by any incorporator — if in the hands of a appointed fiduciary by that fiduciary)	receiver, trustee, or other court
	JAMES N. ONG
(Typed or printed name of per	son signing)
(Title of person sig	ning)
/==== a. passas as	a car