## N0900005124

(Reque	estor's Name)	
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(City/S	tate/Zip/Phone	#)
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(Busine	ess Entity Nam	e).
(Docur	nent Number)	<del> </del>
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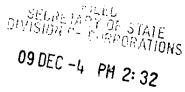
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Just Patriots Inc.					
DOCUMENT NUME	BER: N09000005124	<del></del>	···· <u>-</u>	······································	
The enclosed Articles	of Amendment and fee are sub-	mitted for	filing.		
Please return all corres	pondence concerning this matt	er to the f	ollowing	3:	
	i iii	L John			
	(Name of	Contact P	erson)		
	United Ame	erican T	ea Par	ty	
	(Firm	/ Compan	y)		
	1960 Us H	wy 1 So	uth # 9	6	
	(Address)				
	St. Augus	itine, Fl.	32086		
	(City/ Stat	e and Zip	Code)		
	bjkrazy( E-mail address: (to be used			report notification	on)
For further information	concerning this matter, please	call:			
BreeLee Johnston		at (	904	) 401-7040	
(Name o	f Contact Person)		(Area (	Code & Daytime	Telephone Number)
Enclosed is a check for	the following amount made pa	yable to t	he Flori	da Department of	State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certifi	ed Copy ional co		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Address			Address	is enclosed;
Amendment Section Division of Corporations			Amendment Section Division of Corporations		
P.O. Box 6327				Building	
Tallahassee, FL 32314				xecutive Center Ci	rcle

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation**



Just Patriots Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N090000	5124	
(Document Number of C	Corporation (if known)	···
Pursuant to the provisions of section 617.1006, Florida the following amendment(s) to its Articles of Incorporate		Profit Corporation adopts
A. If amending name, enter the new name of the cor	poration:	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co."		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	) <u> </u>	
D. <u>If amending the registered agent and/or registere</u>	d office address in Florida.	enter the name of the
new registered agent and/or the new registered of		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	<del></del>
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. position.		cept the obligations of the
Signature	of New Registered Agent, if c	hanging

## 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>	<u>Address</u>	Type of Action
<u>D</u>	Don Foulk		[7] Pamaya
D	Rhonda Welsch		
E. <u>If amen</u> (attach a	ding or adding additional Article additional sheets, if necessary). (	e <mark>s, enter change(s) here</mark> : Be specific)	
· <u></u> -			

The date of each amendment(s) a	doption: 10-29-09
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament fite date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adwas/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) l.
There are no members or mem adopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
have not	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)
	Brenda Lee Johnston (Typed or printed name of person signing)
	President
	(Title of person signing)