## N15000003565

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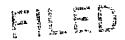
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>JAAMM</u>	IncoepoRATED
DOCUMENT NUMBER: N150000	0.3565
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
BRUCE MARBLE	
	(Name of Contact Person)
JAAMM INCORPORATED	
•	(Firm/ Company)
6 Oblethorpe Blue	>.
	(Additss)
St. AUGUSTINE, FL	32080
ŕ	(City/ State and Zip Code)
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
BruceMARBle	at 904 377 - 9599 (Area Code) (Daytime Telephone Number)
(Name of Contact Perso	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made I	payable to the Florida Department of State:
\$35 Filing Fee \$\times \text{\$43.75 Filing Fee & Certificate of Status}\$	Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)  Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



JAAMM INCORPORAT	٤D	15 INN 22 PM 3: 20
(Name of Corporation as o		Florida Dent. of State)
NIS 000003565		SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Document	Number of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida N</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" or "incorpo	The new prated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable; Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	ed office address in Flo	rida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.	stered Agent: am familiar with and a	ccept the obligations of the position.
	Signature of New I	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 <math>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 X Remove X Add	PT         John De           V         Mike Jo           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u> </u>	Joshua Stein	<del></del>
Add		•	
Kemove			
2) Change	$\overline{\mathcal{D}}$	RONALD WATSON	
Add			
Kemove			
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			- A Marketin Committee Com
Add			
Remove			
6) Change	***************************************		
Add			
Remove			

amending or adding a	ij necessary).	(Be specific)				
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The date	e date of each amendment(s) adoption: Dec. 30, 2015 e this document was signed.	_, if other than the
Effe	e date of each amendment(s) adoption: Dec. 30, 20/5  this document was signed.  ective date if applicable:  (no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records.	e listed as the
Ado	option of Amendment(s) (CHECK ONE)	
Z	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated Dec. 30 2015	
	Signature  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
	BRUCE MARBIE  (Typed or printed name of person signing)	
	Director	

(Title of person signing)