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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	Justicia Jax Inc. N:				
N DOCUMENT NUMBER: _	¥18000005578				
The enclosed Articles of Ame	endment and fee are subm	nitted for filing.			
Please return all corresponder	ice concerning this matter	to the following:			
Robert D. Krott					
		Name of Contact Pe	erson)		
Justicia Jax Inc.					
		(Firm/ Company	·)		
5208 University Blvd. W. S	te. 101				
		(Address)			
Jacksonville, FL. 32216					
	(City/ State and Zip (Code)		
JusticiaJax@gmail.com					
E-1	mail address: (to be used	for future annual rep	ort notificatio	1)	
For further information conce	rning this matter, please c	all:			
Robert D. Krott		at	904	446-5404	
()	Name of Contact Person)		(Area Code)	(Daytime Telephone Numb	er)
Enclosed is a check for the fo	llowing amount made pay	able to the Florida I	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Ad Amendment	Section		eet Address endment Sect	ion	

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

Justicia Jax Inc.				
(Name of Corporation as curr	ently filed with the Flo	rida Dept. of State)		
N18000005578				
(Document Nur	mber of Corporation (if k	(nown)		
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not Fo</i>	or Profit Corporation adop	ots the foll	owing
A. If amending name, enter the new name of the corpor	ation:			
			Th	e new
name must be distinguishable and contain the word "corported to the name." or "Co." may not be used in the name.	ration" or "incorporate	d" or the abbreviation "Co	orp." or "	Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u> </u>			
	···			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			—	₹
(
		<u> </u>		- 25 -
			in.	
). If amending the registered agent and/or registered of		enter the name of the	<u> </u>	
new registered agent and/or the new registered office	address:		9:	PH 12: 3
Name of New Registered Agent:				<u>ယ</u>
New Registered Office Address:	(F	lorida street address)		
		, Florida		
	(City)	(Zip Cod	le)	
New Registered Agent's Signature, if changing Registere	ed Agent:			
hereby accept the appointment as registered agent. I am		the obligations of the posi	ition.	
		·		
	Signature of New Regis	tered 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 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	<u>V</u> <u>Mil</u>	n <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	D	Robert D. Krott	5208 University Blvd W. Ste.101
Add X Remove			Jacksonville, FL. 32216
2) Change	D	Donovan L. Krott	5208 University Blvd W. Ste.101
Add X Remove			Jacksonville, FL. 32216
3) Change	D	Thao-Ai N Ton	5208 University Blvd W. Ste.101
X Add Remove			Jacksonville, FL. 32216
4) Change	D	Sonia G. McFarlin	5208 University Blvd W. Ste.101
X Add Remove			Jacksonville, FL. 32216
5) Change			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
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		08/03/2018	
	date of each amendmen		, if other than the
iau	this document was signed	 08/03/2018	
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
		his block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	listed as the
٩d٥	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
	There are no members o adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	08/0 Dated	3/2018	
	Signature	I goia (1 Whot)	
	have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	M	aria A. Krott	
		(Typed or printed name of person signing)	
	Pr	esident-Director	
	_	(Title of person signing)	