N21000012457

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COVER LETTER

Division of Corporations NAME OF CORPORATION: THIS IS JAMAICA INC DOCUMENT NUMBER: N21000012457 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ADRIANNA CLARK (Name of Contact Person) THIS IS JAMAICA INC (Firm/ Company) 1516 EAST COLONIAL DRIVE, SUITE 305 (Address) ORLANDO, FLORIDA 32803 (City/ State and Zip Code) thisisjamaicascholarship@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KAREN LEWIN 619-6699 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address

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

TO: Amendment Section

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THIS IS JAMAICA INC				
Name of Corporation as currently filed with the	ne Florida	Dept. of State)	-	
N21000012457				
(Docu	ment Numb	per of Corporation (if know	vn)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statut	es, this <i>Florida Not For F</i>	Profit Corporation adopts the	following
A. If amending name, enter the new name of the	<u>ie corporat</u>	tion:		
	_	<u> </u>		_The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam	d "corpora <mark>1e</mark> .	ition" or "incorporated" e	or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if application		1516 EAST COLONIA	L DRIVE, SUITE 305	
(Principal office address <u>MUST BE A STREET</u>)	ADDRESS	ORLANDO, FLORIDA	32803	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	1516 EAST COLONIA	L DRIVE, SUITE 305	
		ORLANDO, FLORIDA	32803	
			_	
). If amending the registered agent and/or regi	istered offi	ce address in Florida, en	ter the name of the	
new registered agent and/or the new register	red office a	ddress:		
Name of New Registered Agent:	KAREN	LEWIN		(?
	1516 EAS	ST COLONIAL DRIVE, S	SUITE 305	•
New Registered Office Address		(Florid	a street address)	
Service of the control of the contro	ORLANI) ∩	32803	
		(City)	, Florida (Zip Code)	
		•	(z.ip Code)	1
New Registered Agent's Signature, if changing in hereby accept the appointment as registered agentials.	Registered it. Lam fai	Agent: miliar with and accept the	obligations of the position.	הי
_	_	Karen Lewin		
	Si	gnature of New 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 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	$\overline{\mathbf{V}}$ $\overline{\mathbf{Mi}}$	un <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>P</u>	ADRIANNA CLARK	1516 EAST COLONIAL DRIVE, S ORLANDO, FLORIDA 32803
Remove Change Add	VP	JOAN M EDGHILL	1516 EAST COLONIAL DRIVE, S ORLANDO, FLORIDA 32803
Remove Change Add Remove	<u>s</u>	KAREN LEWIN	1516 EAST COLONIAL DRIVE, S ORLANDO, FLORIDA 32803
4) Change Add	<u>T</u>	WINSOME NEWLAND	1516 EAST COLONIAL DRIVE, S ORLANDO, FLORIDA 32803
Remove 5) Change × Add	D	MICHELLE ALLMAN	1516 EAST COLONIAL DRIVE, SECONDA 32803
Remove 6) × Change Add	D	PETER GRACEY	ORLANDO, FLORIDA 32803
E. If amending or ac (attach additional s		Articles, enter change(s) here: y). (Be specific)	

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		= = (a)
The date of each amendment(s) adoption date this document was signed.	:	_, if other than the
Effective date if applicable:		
	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not but of State's records.	oe listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

Dated	08/23/2023
	Adrianna Clark
Signatu	re
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	ADRIANNA CLARK
	(Typed or printed name of person signing)

(Title of person signing)