P0000065474

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DEC 0.4 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Joe Lott, Inc.		
DOCUMENT NUM	P00000065474		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Clarice S Lott		
		Name of Contact Person	1
	Joe Lott, Inc.		
		Firm/ Company	
	62 Ranch House Road		
		Address	
	Venus, FL 33960		
		City/ State and Zip Cod	e
lottra	anch@gmail.com		
		sed for future annual report	notification)
	, .	•	,
For further information	on concerning this matter, pleas	se call:	
Clarice S Lott		at (<u>863</u>	441-0739
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Am Div P.C	illing Address lendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Division Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Joe Lott, Inc.			
(Name of Corporation as curren	tly filed with the Florida Dept. of S	tate)	
P00000065474			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts t	the following amenda	ment(s) to
A. If amending name, enter the new name of the corporation:			
		~	
name must be distinguishable and contain the word "corporat	ion " "company " or "incorporated		iew ion
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or	"Co". A professional corporation	name must contain i	the
word "chartered," "professional association," or the abbreviation	"P.A."	(s/n
B. Enter new principal office address, if applicable:	175 Horn Road	上 商	層
(Principal office address MUST BE A STREET ADDRESS)	Venus, FL 33960	\$3.00 m	_ () _ [
	Venus, FL 33700	<u></u>	- ~
		1 1 mi	
	 	0.7 21.8	- =
C. Enter new mailing address, if applicable:	PO Box 418	TALE ORID	<u>ယ</u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	V TV 22060		_
	Venus, FL 33960		-
•			
			_
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		<u>the</u>	
NOW TOURSCOTOR REQUIREMENTS THE NEW TOURSCOTOR OTHER MUSIC	<u>35.</u>		
Name of New Registered Agent			
(Florida	street address)		
New Registered Office Address:	. Flor	ida	
The state of the s	(City)	(Zip Code)	-
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of th	ie position.	
Sionature of New	Registered Agent, if changing		
Digitative of them	TOO TO TAKE THE PROPERTY OF TH		

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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	W Morgan Lott	PO Box 418
X Add			Venus, FL 33960
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			4-94-94
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		-
· · · · · · · · · · · · · · · · · · ·		
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

The date of each amendment(s) a date this document was signed.	adoption:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	oproved by the shareholders through voting groups. The following statemed reach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholde	ः
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
11/25/15 Dated		
Signature	laria & Latt	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other cournted fiduciary by that fiduciary)	t
	Clarice S Lott	
	(Typed or printed name of person signing)	
	Sec/Treas	
	(Title of person signing)	