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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

TED

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JT EN	TERPRISES OF MARTIN COUNTY, INC.
DOCUMENT NUMBER: P02000	058779
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
	WARD COX Name of Contact Person)
(1	Name of Contact Ferson)
JT ENTE	RPRISES OF MARTIN COUNTY, INC.
	(Firm/ Company)
	3331 B SW 42ND AVE
	(Address)
	PALM CITY, FL 34990
For further information concerning this m	City/ State and Zip Code)
ror further information concerning this in	atter, picase can.
WARD COX (Name of Contact Person)	at (772) 708-0171 (Area Code & Daytime Telephone Number)
,	· · · · ·
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	MED
TALLAHASSE	PH 3: 07

IT ENTERPRISES OF MARTIN COUNTY, INC.

JI LIVILIVI MOLO OI		
(Name of Corporation as currently	filed with the Florida Dept. of	(State)
P02000	058779	· · · · · · · · · · · · · · · · · · ·
	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floorline in the provision in t	ion:	cofit Corporation adopts the
. If amending name, enter the new name of the	corporation:	
The new name must be distinguishable and carrier incorporated" or the abbreviation "Corp.," "Inc. "Co". A professional corporation name mussociation," or the abbreviation "P.A."	.," or Co.," or the designation	on "Corp," "Inc," or
. Enter new principal office address, if applicab		
Principal office address <u>MUST BE A STREET AD</u>	ODRESS)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	0V)	
(Mailing address MAI BE A POSI OFFICE B	<u> </u>	
	<u></u>	<u>.</u>
). If amending the registered agent and/or regist	, ered office address in Florida	enter the name of the
new registered agent and/or the new registered		, cutor the harrie or the
Name of New Registered Agent:		
The of the registered light.		· ·
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	agistared Agent	
hereby accept the appointment as registered age osition.		accept the obligations of the
Signat	ure of New Registered Agent, ij	f changing

removed and	the Officers and/or Directors, enter t title, name, and address of each Offi onal sheets, if necessary)		rector being
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>VP</u>	HOMERO GOMEZ	17210 SW CHARLESTON ST. INDIANTOWN, FL 34956	
			Add Remove
			Add Remove
(attach add	itional sheets, if necessary). (Be spec	rific)	
provision: (if not WARD COX 4	ndment provides for an exchange, rest for implementing the amendment if applicable, indicate N/A) 50 SHARES (90%) MEZ 50 SHARES (10%)	classification, or cancellation of iss I not contained in the amendment i	ued shares, tself:

The date of each amendment(s) adoption: 12/01/08
Effective date if applicable: 12/01/08
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)