P03000005417

(Re	equestor's Name)	
(Ad	ldress)	
	ldress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
	rainaga Catitu Nama	
(Bu	isiness Entity Name)
(DC	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, Fl. 32314

NAME OF CORPORA	ATION: JOEY	C, INC.	
DOCUMENT NUMBE	r: PØ3000 0	05417	
The enclosed Articles of	*Amendment and fee are sul	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
- -	JOSEPH JOG 820 CAPE	Name of Contact Person Y C II Firm/ Company Mohawk f Address Cond, FL City/ State/and Zip Code NS	16. 16. 13.39/4
For further information	E-mail address: (to be us concerning this matter, pleas	ed for future annual report	notification)
	_	. cum.	
JOSEPH Name of	C fiffno	at (<u>239</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	2543.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis	ng Address dment Section on of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

(3)

Articles of Amendment to Articles of Incorporation of

JOEY C, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
PØ3000005417	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following and its Articles of Incorporation:	endment(s) to
A. If amending name, enter the new name of the corporation:	
The	e new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Collect," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A."	Corp.," 2-word
B. Enter new principal office address, if applicable:	-
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	 .
	···
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	; ; ;;
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	> >
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code	,
Name Daniet and America Simpatores of changing Popietores! Agents	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.



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	<u>PT</u> Jo	ohn Doe	
X Remove		like Jones	
X Add	<u>SV</u> S	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s .
1) Change		Joseph R Pittro	8401 N. Oniole AV Niles IL 60714
X Add		' '	Niles IL 607/4
Remove			
2) Change			
Add			
Remove Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			



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amending or adding additional Artic	cles, enter change(s) here:		
tach additional sheets, if necessary).	(Be specific)		
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	1		
rovisions for implementing the ame	nange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:	ares,	
(if not applicable, indicate N/A)			
			

date this document was signed.
Effective date if applicable: 10 - 23 - 2621 (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
Signature (By director, desident 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) TOSEPH C. Pitto (Typed or printed name of person signing)
(Title of person signing)