P0300095662

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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: JTJ ENTERPRISE	ES INC	
DOCUMENT NUN	1BER: P03000095662		<u></u>
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Jai T Jones		
		Name of Contact Perso	n
	JTJ Enterprises INC		
		Firm/ Company	
•	PO Box 880926		
		Address	· · · · · · · · · · · · · · · · · · ·
	Port Saint Lucie FL 34988		
		City/ State and Zip Cod	c
patt	ygs44@yahoo.com		
<u> </u>		sed for future annual report	notification)
	•		,
For further informati	ion concerning this matter, pleas	se call:	
Jai Jones		954 at (
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for 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)
Mailing Address			Address
Amendment Section Division of Corporations			Iment Section on Officerations
P.O. Box 6327			Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JTJ Enterprises INC				
(Name	of Corporation as curren	tly filed with the Florida Dept. of Stat	<u>le</u>)	
P03000095662				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the	following amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:			
			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of t	nation "Corp," "Inc." or	"Co". A professional corporation nat	or the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1137 SW ADDIE ST		
		PORT SAINT LUCIE FL 34983	PORT SAINT LUCIE FL 34983	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 880926	\$ \$	
		PORT SAINT LUCIE FL 34988	事 8	
			26	
D. If amending the registered agent as	nd/or registered office add	iress in Florida, enter the name of the	是是	
new registered agent and/or the ne			် ြွှံ့် ယူ	
Name of New Registered Agent	PATRICIA SOLA		3: 53	
	1137 SW ADDIE ST			
	(Florida si	treet address)		
New Registered Office Address:	PORT SAINT LUCIE	, Florida	34983	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agen	<u>t:</u>		
I hereby accept the appointment as regist	tered agent. I am familiar	with and accept the obligations of the p	osition.	

Signature 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	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DP	Jai T Jones	6040 nw 3rd st
Add X Remove			Margate FL 33063
2) Change	VP	Sola G Patricia	1137 sw Addie ST
Add			Port Saint Lucie 34983
X Remove 3) Change	DP	Sola G Patricia	1137 SW Addie ST
X Add			Port Saint Lucie fl 34983
Remove			
4) Change Add			
Remove			
5) Change	<u></u>		
Add Remove			
6) Change			
Add			
Remove			

	(Be specific)
·	
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<u>.</u>	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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	12/20/2017		
The date of each amendment(s) adoption: late this document was signed.	· 		, if other than the
1/1/2018			
Effective date <u>if applicable</u> :			
	(no more than 90 days aft	er amendment file date)	
Note: If the date inserted in this block do- document's effective date on the Departmen		utory filing requirements, this date wi	ll not be listed as the
Adoption of Amendment(s) ((CHECK ONE)		
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient to		of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each vo			
"The number of votes cast for the a	mendment(s) was/were sufficier	nt for approval	
hy	(voting group)	,,	
	(voting group)		
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without sl	hareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without sharel	holder action and shareholder	
12/20/2017 Dated			
Signature			
		rectors or officers have not been f a receiver, trustee, or other court	
	ciary by that fiduciary)	a receiver, trustee, or other court	
- •			
Jai T Jo	nes		
	(Typed or printed name of p	erson signing)	
DP	I a	-	
	(Title of person:	signing)	