## P03000/57/64

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
Certified Copies Certificates of Status
Charles landward and to Citing Officer
Special Instructions to Filing Officer:
·

Office Use Only



800162484058

11/16/09--01050--004 \*\*43.75

SECRETARY OF STATE

APPROVEL AND FILED



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

•					
NAME OF COR	PORATION: Jim Ar	IDERSON ENTERPRISES, INC	<u>,                                      </u>		
DOCUMENT N	UMBER: Po3000157	164			
			<del> </del>		
The enclosed Arti	icles of Amendment and fee ar	re submitted for filing.			
Please return all c	orrespondence concerning this	s matter to the following:			
	JIM ANDEI	2SON			
	N:	ame of Contact Person			
	JIM ANDERSON	ENTERDRISES, INC.			
	· · · · · · · · · · · · · · · · · · ·	ENTERPRISES, INC.	······································		
	•				
	1170 SW 107-	M TERRACE			
		Address			
	DAVIE, FL	33324 ty/ State and Zip Code	<del> </del>		
	Ci	ty/ State and Zip Code			
	JAROOFING 6	GMAIL COM			
	E-mail address: (to be used	MAIL. COM I for future annual report notification)	<del> </del>		
For further inform	nation concerning this matter,	please call:			
Jin	1 ANDERSON	at (954 ) 410-88	77		
Name of Contact Person		Area Code & Daytime Tele	phone Number		
Enclosed is a chec	ck for the following amount m	ade payable to the Florida Depart	ment of States		
Enclosed is a click	ok for the following amount in	ade payable to the Florida Depart	ment 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 A	Address	Street Address			
Amendment Section		Amendment Section	Amendment Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	Clifton Building		
i ananasse	E, I'L 32314	Tallahassee, FL 32301	<del>;</del>		
		· · · · · · · · · · · · · · · · · · ·			

## **Articles of Amendment** to

,	Articles of Incorporation	on _	VX.
	of	<i>C9</i> ,	S.A.
Jim ANDERSO	ON ENTERPRISES, IN	C. 4550 104	16
(Name of Corporation as curr	rently filed with the Florid	la Dept. of State)	روم
P030001	57164	c. da Dept. of State)	جهر
(Document Nu	mber of Corporation (if kno	ر (nwc	14
Pursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:	06, Florida Statutes, this F	Torida Profit Corporation adopts the fol	ligyii
. If amending name, enter the new name of	of the corporation:		
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the man must contain the word "chartered," "pro	e designation "Corp," "Inc	c," or "Co". A professional corporation	e
B. Enter new principal office address, if app Principal office address <u>MUST BE A STREI</u>			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
		97	
). If amending the registered agent and/or		in Florida, enter the name of the	
new registered agent and/or the new reg	istered office address:		
Name of New Registered Agent:		**************************************	
New Registered Office Address:	(Florida street d	address)	
	******	, Florida	
	(City)	(Zip Code)	
lew Registered Agent's Signature, if change hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar with a	and accept the obligations of the position.	
	Signature of New Registere	ed 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)

Title.	<u>Name</u>	Address	Type of Action
<u>vp</u>	KENT SPIRES	19830 SW 326 ST HOMESTEAD, FL 33030	☐ Add ☑ Remove
<u> VP</u>	ROBERT BURTON	14722 STIRRUP LN WELLINGTON, FL 33414	☑ Add ☐ Remove
Normani Lineari Santa			Add Remove
	g or adding additional Articles, enter clitional sheets, if necessary). (Be specific	<del>_</del>	
provision	ndment provides for an exchange, reclass for implementing the amendment if no applicable, indicate N/A)		
	ALL SHARES FROM KENT ST		
ROBERT	- BURTON WILL RECIEVE 49 %	STOCK / 49 SHARES	
_	ANDERSON WILL REMAIN WITH	•	
			<u></u>

The date of each amendment	t(s) adoption: 11 /10 /09
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
• •	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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	'n
~/	(voting group)
action was not required.	are adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder
DatedSignature(By selection	A director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court winted fiduciary by that fiduciary)  Tames Anderson  (Typed or printed name of person signing)  PRESIDENT
	(Title of person signing)