(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
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(Do	cument Number)	
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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: J & J Custom Fran	ning, Inc.		
DOCUMENT NUM	BER: P04000023157			
	s of Amendment and fee are su	bmitted for filing	; .	
Please return all corr	espondence concerning this ma	tter to the follow	ing:	
	Jennifer Galka			
		Name of Con	tact Persor	1
	J & J Custom Framing, Inc.			
		Firm/ Co	nınany	
	785 Farrington Dr			
		Addr	ess	
	Deltona, FL. 32725			
		City/ State an	d Zip Code	e
J.Jc	ustomframing@gmail.com			
	E-mail address: (to be us	sed for future ann	ual report	notification)
			•	
For further informati	on concerning this matter, pleas	se call:		
Jennifer Galka		at (86	479-4898
Name	at (386) 479-4898 Area Code & Daytime Telephone Number			
Enclosed is a check t	or the following amount made	payable to the Fl	orida Depa	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filir Certified Co (Additional of enclosed)	ру	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations		
P.C Ta	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

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Articles of Incorporation when the control of the c

I with the Florida Dept. of State) oration (if known) la Profit Corporation adopts the following amendment(s) to
oration (if known)
a Profit Corporation adopts the following amendment(s)
The new
company," or "incorporated" or the abbreviation A professional corporation name must contain the
NIA
Florida, enter the name of the
dress)
, Florida (Zip Code)

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>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>neş</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	С	_	Michael Galka	785 Farrington Dr
X Add				Deltona, FL. 32725
Remove				-
2) Change		_		
Add				
Remove				
3) Change		-		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				_
Remove				
6) Change		_		
Add				
Remove				

Attach additiona	dding additional a I sheets, if necessar	y). (Be specific	iange(s) nere. :)			
		NIA				
			<u>.</u>	_	-	_ _
				<u> </u>		
	-					
			 .			
						-
				. <u>.</u>		
		-				
f an amendmen provisions for i	t provides for an emplementing the a	exchange, reclass amendment if no	<u>lification, or cau</u> t contained in t	<u>ncellation of iss</u> he amendment i	ued shares, tself:	
	cable, indicate N/A					
	N/P					
	10/1			·· <u>-</u>		
 -						
						 _

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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, t document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following somust 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 share action was not required.	eholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	der
Dated 6/13/17	
Signature Camber Falle	
(By a director, president or other officer – if directors or officers have not	
selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	r court
Jennifer Galka	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	