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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: B. OF J./S. INC.				
DOCUMENT NUMBE					
The enclosed Articles of	**Amendment and fee are su	bmitted for fill	ng.		
Please return all correspondence	ondence concerning this ma	tter to the follo	owing:		
M	laria Escurra				
		Name of C	ontact Person	1	
В	. OF J./S. INC.				
		Firm/ 0	Company		
2	140 DREW ST, Suite L/M				
_		Ad	dress		
C	LEARWATER, FL 33765				
_		City/ State	and Zip Cod	c	
maria 77	758@gmail.com				
	E-mail address: (to be us	sed for future a	nnual report	notification)	
			•		
For further information o	concerning this matter, pleas	se call:			
Maria Escurra			,727	5361760	
Name of	Contact Person	at (		de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the	Florida Depa	artment of State:	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified ( (Additional enclosed)	Copy I copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address				Address	
	dment Section		Amendment Section		
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building			•		
	assee, FL 32314			Building xecutive Center Circle	
i ullali	SHIPPER I A PAULT			Seller Silvie	

Tallahassee, FL 32301

## Articles of Amendment

## Articles of Incorporation of

B. OF J./S, INC.	2019 77 18 794 1 00
(Name of Corporat	ion as currently filed with the Florida Dept. of State) 1:22
P04000035458	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET AD</u>	DRESS )
	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u> )
	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office andress:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sign	nature 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	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
4) Change		_		
Add Remove				
Remove				
5) Change		<del>-</del>		***************************************
Add				
Remove				
Change.				
6) Change		_		
Add				
Remove				

If amending or adding additional A (Attach additional sheets, if necessary)	). (Be specific)	<u>re</u> .		
	•			
			* * *	· -
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<del></del>				
. If an amendment provides for an ex-	abanga radassifiantian a	r canacilation of issue	id charac	
provisions for implementing the an	nendment if not contained	in the amendment its	self:	
(if not applicable, indicate N/A)  Maria Escurra 75 shares				
			· · · · · ·	
imberly Tenpenny 25 shares				
······································			•	
· · · · · · · · · · · · · · · · · · ·				

The date of each amendment(s	) adoption:	, if other than the
date this document was signed.		
	lovember 18, 2019	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	<del></del>
	(no more than 50 days after amenament fite date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendme sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	."	
-,	(voting group)	
action was not required.  The amendment(s) was/were	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	older
action was not required.		
Novemb Dated	per 14, 2019	
Signature	Mark Gas	
(By sele	a director, president or other officer – if directors or officers have not be eted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	Maria Escurra	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	