## P05000011524

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## **COVER LETTER**

NAME OF CORPORATION: JUST Shutter It INC. P05000011524 DOCUMENT NUMBER: \_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SAMUEL ZAZA

Name of Contact Person Just Shytter It INC,
Firm/Company

515 NW ENTER Prote DR.

Address

Pert St. Lucie FL 34986

City/State and Zip Code Just Shutterite gmaile com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 771 ) 201-9919
Area Code & Daytime Telephone Number SAMUEL TATA Enclosed is a check for the following amount made payable to the Florida Department of State: US52.50 Filing Fee Certificate of Status ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

## **Mailing Address**

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation

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Ar	ticles of Amendment		`,	3 5 6
	to icles of Incorporation			`1 
AH	of			ازدا می
JUST Shuttee	it. inc	•		Ů.
(Name of Corporation a	is currently filed with the	Florida Dept. of	State)	
<u> </u>	Number of Corporation (if	24		
(Document	Number of Corporation (if	known)		
rsuant to the provisions of section 607.1006, Florida Sta Articles of Incorporation:	atutes, this Florida Profit Co	orporation adopt	s the following amend	lment(s
If amending name, enter the new name of the corpo	oration:			
			The	
me must be distinguishable and contain the word "corpo nc.," or Co.," or the designation "Corp," "Inc," or hartered," "professional association," or the abbreviati	"Co". A professional co ion "P.A."	orporation name	he abbreviation "Corp must contain the w	p" ord
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRES</u>	$\frac{S15}{120}$	WW + St.	ENterpris Curre,	<u>S</u> t 1
		·	3498	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<del></del>		
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				_
				_
If amending the registered agent and/or registered of new registered agent and/or the new registered office	<u>office address in Florida, e</u> ce address:	nter the name o	of the	
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	(City)	, Flo	orida(Zip Code)	_
	•		γ	
w Registered Agent's Signature, if changing Register creby accept the appointment as registered agent. I am	red Agent:	ra obligaciono - C	cha manieine	
колуч от фронитст из гезычегей идели. Тит	затиш мин ина ассер <b>и т</b>	е онидановѕ ој	ine position,	
		<b>*</b>		
Signature	of New Registered Agent, i	fchanging	- <del></del>	

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> Joh	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	$\sqrt{}$	PAUL Nichols	515 NW ENTERPISEDR PSL F1 34986
Add Add			PSL F/ 34986
Remove			
2) Change			
Add			
Remove Change	<del></del>		
Add			W
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
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	1 164 . 1 11 . 1 0 1 1
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares,
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
_		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amen flicient for approval.	dment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment().	statement s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
hy	<u> </u>	
	(voting group)	
Dated	23/2020	
Signature (By a di selected	rector, president or other officer – if directors or officers have no l, by an incorporator – if in the hands of a receiver, trustee, or oth	t been er court
appoint	ed fiduciary by that fiduciary)	
	SAMULL ZAZA  (Typed or printed name of person signing)	
	Prosident	
	(Title of person signing)	