P05000030649

	, · ····	(Re	questor's	Name)	
		(110	44000013	, samej	
		(Ad	dress)	•	
	•			•	
		(Ad	dress)		
		(Cite	y/State/Zij	/Phone t	(6)
-	•	(Cit	y/State/Zij	or none f	T)
	PI	CK-UP	□w	AIT '	MAIL
		(Bu	siness En	tity Name	e)
		(Do	cument.N	umber)	
		,			, ,
Certi	fied Copie:	s	<u>.</u> ' Cer	tificates c	of Status 🗸
Sp	ecial Instru	ctions to	Filing Offic	cer:	
				,	
				,	

Office Use Only



000161114290

10/01/09--01019--020 **43.75

SECRETARY OF STATE TALLAHASSEE, FLORID,

Amend

TP

107 - E 000A

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	J's HAND Corp.	
DOCUMENT NU	JMBER:	PO5000030649	
The enclosed Artic	cles of Amendment and fee ar	re submitted for filing.	•
Please return all co	orrespondence concerning this	s matter to the following:	
		Hernando Rojas ame of Contact Person	·
	IN:	ame of Comact Person	
		J's HAND. Corp.	
		Firm/ Company	
404 SW 77 Avenue			
		Address	
		Lauderdale, FL 33068	
	Ci	ty/ State and Zip Code	
	jshandpo E-mail address: (to be used	ols@bellsouth.net d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
	ternando Rojas		0-8615
	e of Contact Person	Area Code & Daytime Telep	
Enclosed is a chec	k for the following amount m	ade payable to the Florida Departn	nent of State:
□ \$35 Filing Fee		☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)

PO5000030649

		•	
	Articles of Amendmen	:	TILED SOFSTATED E. T. STATED SOFTONION
•	to	_	A.
4	Articles of Incorporation of	n	<i>"</i>
		7.5x	ን <u>.</u> ` ぐ 〉
J's H	HAND Corp.		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Name of Corporation as curre	ently filed with the Florida	Dept. of State	7 4/4 10.
POS	5000030649	-34	5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5
(Document Nun	nber of Corporation (if known	wn)	ORIFE
rsuant to the provisions of section 607.100 tendment(s) to its Articles of Incorporation:		orida Profit Corporation adopts the	following
If amending name, enter the new name o	f the corporation:		
me must be distinguishable and contain		The	
rincipal office address <u>MUST BE A STREE</u>	,		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u>)	Florida, enter the name of the	
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX)	Florida, enter the name of the	
(Mailing address MAY BE A POST OFFI If amending the registered agent and/or new registered agent and/or the new regi	CE BOX)	a Florida, enter the name of the	
(Mailing address MAY BE A POST OFFI	CE BOX)	Florida, enter the name of the	
(Mailing address MAY BE A POST OFFI If amending the registered agent and/or new registered agent and/or the new regi	registered office address in	<u> </u>	
(Mailing address MAY BE A POST OFFI If amending the registered agent and/or new registered agent and/or the new regi	CE BOX)	<u> </u>	
(Mailing address MAY BE A POST OFFI If amending the registered agent and/or new registered agent and/or the new regi	registered office address in stered office address: (Florida street a	ddress)	
(Mailing address MAY BE A POST OFFI If amending the registered agent and/or new registered agent and/or the new regi Name of New Registered Agent:	registered office address in	ddress)	
If amending the registered agent and/or new registered agent and/or the new region Name of New Registered Agent. New Registered Office Address:	registered office address in stered office address: (Florida street a (City)	ddress)	
(Mailing address MAY BE A POST OFFI If amending the registered agent and/or new registered agent and/or the new regi	registered office address in stered office address: (Florida street a (City)) ng Registered Agent:	ddress), Florida(Zip Code)	ion.

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Secretary	Martha Velasco	240 20 Ave NE Napies. FL 34120	✓ Add ☐ Remove
			☐ Add ☐ Remove
			D Damaria
	g or adding additional Articles, entitional sheets, if necessary). (Be specified)		
provision	ndment provides for an exchange, is for implementing the amendment applicable, indicate N/A)		
	`		

The date of each amendment(s	adoption: September 28, 2009
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	,"
(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Signature(By a select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
••	Hernando Rojas
	(Typed or printed name of person signing)
	President
	(Title of person signing)