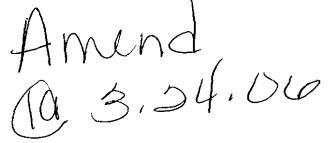
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(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nai	me)
(Дост	ıment Number))
Certified Copies	Certificate:	s of Status
Special Instructions to Fi	ling Officer:	







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COVER LETTER

TO: Amendment Section **Division of Corporations**

	•
NAME OF CORPORATION: RJS of	Jacksonville, Inc.
DOCUMENT NUMBER: POSOCO	70495
The enclosed Articles of Amendment and fee are subm	litted for filing.
Please return all correspondence concerning this matter	r to the following:
(Name of Contac	ov Znaid et Person)
RJS (Firm/Comp	of Jacksmuille
704 \ (Address	N. Shady Pines
Jacksonville,	FL 32244 Zip Code)
For further information concerning this matter, please of	call:
(Name of Contact Person) at	(901) 730-9264 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$\sum_{\text{solution}} \text{S52.50 Filing Fee} \text{Certificate of Status} \text{Certified Copy} \text{(Additional Copy} \text{is enclosed)}
Amendment Section And Division of Corporations Division Section Division Of Corporations Division Section Division Of Corporations Division Of Corporation Of Corporation Division Of Corporation Division Of Corporation Of Corporation Division	reet Address mendment Section vision of Corporations ifton Building 61 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of IALLAHASSEE, FLORIDA (Name of corporation as currently filed with the Florida Dept. of State)
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) Astricle VII Adding Ziad M. Sawaiti as Vicefresident 5331 Sonnyuille Ld. North for t FL 34288
(Attach additional pages if necessary) If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
(continued)

The date of each amendment(s) adoption:
Effective date if applicable:
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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 shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature & Milleu
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35