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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: <u>JZ MAN</u>	TIONE MANAGEMENT SE	RVICES, INC.	
DOCUMENT NUMB	DCUMENT NUMBER: P05000083393			
The enclosed Articles of	f Amendment and fee a	are submitted for filing.		
Please return all corresp	ondence concerning th	is matter to the following:		
		N MICHAEL EBANKS		
	ľ	Name of Contact Person		
	JZ MANTIONE N	MANAGEMENT SERVICES, IN	c.	
		Firm/ Company		
	1	820 SW 11TH CT.	700 S	
	·	Address	SE SE	
	FT LAU	DERDALE FL 33312 US	P 21 HASS	
	C	City/ State and Zip Code	He A	
	JMEBANKS_ E-mail address: (to be use	GC@BELLSOUTH.NET of for future annual report notification)	STATE FLORIDA	
For further information	concerning this matter,	please call:		
	HAEL EBANKS		<u>′4-3227</u>	
Name of Co	entact Person	Area Code & Daytime Tele	phone Number	
Enclosed is a check for	the following amount n	nade payable to the Florida Depart	ment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Sectorial Division of Corporation P.O. Box 6327 Tallahassee, FL	ction porations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	3	

Tallahassee, FL 32301



September 14, 2009

JOHN M EBANKS 1820 SW 11 CT FT LAUDERDALE, FL 33312

SUBJECT: J.Z. MANTIONE MANAGEMENT SERVICES INC.

Ref. Number: P05000083393

We have received your document for J.Z. MANTIONE MANAGEMENT SERVICES INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Letter Number: 209A00030246

Tracy L Lemieux Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment to **Articles of Incorporation** of

JZ MANTIONE MA	NAGEMENT	SERVICES	S, INC.	Programme to
(Name of Corporation as c	urrently filed with	the Florida D	ept. of State)	75.7
F	05000083393			600 600
· · · · · · · · · · · · · · · · · · ·	Number of Corporat)	٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		tes, this <i>Flori</i> d	da Profit Corporati	on adopts the
A. If amending name, enter the new nan	ne of the corporatio	<u>n:</u>		
STATE CERTIFIED	GENERAL CON	ITRACTOR	S. INC.	The ne
name must be distinguishable and contails abbreviation "Corp.," "Inc.," or Co.," or came must contain the word "chartered," "	the designation "C	orp," "Inc," o	or "Co". A profess	ional corporatio
3. <u>Enter new principal office address, if</u> Principal office address <u>MUST BE A STE</u>		<u>N/A</u>	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applica	ible.		·····	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST O		N/A		
). If amending the registered agent and/ new registered agent and/or the new page 1			orida, enter the na	me of the
Name of New Registered Agent:	N/A			
	N/A			
New Registered Office Address:	(Flori	ida street addr	ess)	
			. Florida	
	(City)		(Zip Code)	· · · · · · · · · · · · · · · · · · ·
lew Registered Agent's Signature, if cha	nging Pagistared A	mante		
hereby accept the appointment as register	ed agent. I am fami	liar with and o	accept the obligation	s of the position
·	Signature of New	Registered As	gent, 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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
TREA	MARJORIE B. PHILYAW	1820 SW 11TH CT. FT LAUDERDALE FL 33312 US	☑ Add ☐ Remove
	·		☐ Add ☐ Remove
			☐ Add
E. If amen (attach a	ding or adding additional Articles, endeditional sheets, if necessary). (Be specified)	t <mark>er change(s) here</mark> : ecific)	
		•	
			
provisi	mendment provides for an exchange, sons for implementing the amendment not applicable, indicate N/A)		
N/A	act approacts, material that	·	

The date of each amendmen	t(s) adoption: SEPTEMBER 23, 2009
Effective date if applicable:	(date of adoption is required) SEPTEMBER 23, 2009
,	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_SEF	PTEMBER 16, 2009
(B ₂	y a director, president or other officer - if directors or officers have not been
	ected, by an incorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	JOHN MICHAEL EBANKS
	(Typed or printed name of person signing)
	DDECIDENT
	PRESIDENT (Title of person signing)
	(or berout piBriris)