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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	TION: BJMK INTERNAT	IONAL, INC.		
DOCUMENT NUMBER	R:			
	Amendment and fee are sub	omitted for filing.		
Please return all correspon	ndence concerning this matt	er to the following:		
M	ARIA C. KIEFFER			
		Name of Contact Person	· · ·	
BJ	BJMK INTERNATIONAL, INC.			
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
70	57 BEECHFERN LN S	ritin/ Company		
		Address		
JA	CKSONVILLE FL 32244-	6019		
_		City/ State and Zip Code	:	
kieffer.z	enith@gmail.com		•	
<del> </del>	E-mail address: (to be use	ed for future annual report i	notification)	
	oncerning this matter, please	e call:	901 1249	
MARIA C. KIEFFER		at (	_)	
Name of C	Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for th	e following amount made p	ayable to the Florida Depar	rtment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

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

BJMK INTERNATIONAL, INC.

(Name o	of Corporation as currently	filed with the Florida Dept. of State	)
P06000001856			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the f	following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc." or "C	o". A professional corporation nam	r the abbreviation re must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	OFFICE BOX)	N/A	2015 AUG 10
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	N/A		<u>ب</u> ب
	N/A		26
	(Florida stre	et address)	
New Registered Office Address:	N/A	, Florida	N/A
	(	City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of the p	osition.

N/A

Signature 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	JOSHUA B. HESTERS	7057 BEECHFERN LN S
X Add			JACKSONVILLE FL 32244
Remove			
2) X Change	Т	JASON M. KIEFFER	7057 BEECHFERN LN S
Add			JACKSONVILLE FL 32244
Remove			
3 ) Change	<del></del> -		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
F. If an amendment provides for an exchange an exchange an exchange and the same	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	,

	08/06/2015	
The date of each amendment date this document was signed		, if other than the
Essentia des is annicable	N/A	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	UST 6, 2015	
Dated		
Signature _	Melder	
, i	By a director president or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	MARIA C. KIEFFER	
	(Typed or printed name of person signing)	-
	PRESIDENT	
	(Title of person signing)	