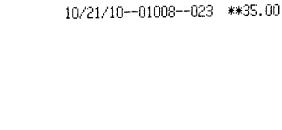
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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Jeffrey Melendez Inc. DOCUMENT NUMBER: <u>P0600059695</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jeffrey Melendez

Name of Contact Person Jeffrey Welendez Inc. 219 E. Pearl St. Minneola, FL 34715
City/State and Zin Code Jeff melender 2000 Q yahoo com E-mail address: (to be used for future annual report hotification) For further information concerning this matter, please call: Name of Contact Person at (407) 694 - 3454

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to

			
A	rticles of Amendment	:	<u>የ</u> የ _ፍ ታ
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Ar Ar	ticl es of Incorporation	0.	The state of the s
	of		After the Same
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(Name of Corporation as current	tly filed with the Florida		1.00 M
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	er of Corporation (if know		
suant to the provisions of section 607.1006, endment(s) to its Articles of Incorporation:		orida Profit Corporation	adopts the following
If amending name, enter the new name of t	he corporation;		
ne must be distinguishable and contain the		-	The new
Enter new principal office address, if applier incipal office address <u>MUST BE A STREET</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		
If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent:		n Florida, enter the nam	ne of the
New Registered Office Address:	(Florida street a	address)	
		, Florida	
	(City)	(Zip Code)	
	. "	,	
w Registered Agent's Signature, if changing			
ereby accept the appointment as registered age	ent. I am familiar with a	nd accept the obligations	of the position.
Sia	nature of New Registered	d Agent if changing	
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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
VP	Glenn Pletnick	10637 Lake RALPH Clermont, FL 34711	Add □ Remove
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	ling or adding additional Articles, ente iditional sheets, if necessary). (Be spec		
		·	
provisio	nendment provides for an exchange, reports for implementing the amendment in ot applicable, indicate N/A)	eclassification, or cancellation of i	ssued shares, t itself:
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The date of each amendment(s) a	doption: 10/20/10
	(date of adoption is required)
Effective date if applicable: (no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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	ing group)
(voti	ing group)
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated/0/20	0/10 M 10
Signature	Rey aling
(By a dif selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court
	fiduciary by that fiduciary)
	Teffrey Melendez (Typed or printed name of person signing)
	(1) ped of printed name of person signing)
	P/D
	(Title of person signing)