## P06000101755

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies				
Special Instructions to	Filing Officer:			

Office Use Only



200080444382

10/24/06--01017--005 \*\*35.00

FILED

2006 OCT 24 AMII: 43

SECRETARY OF STATE
ANII AHASSEE, FLORIDA

06 0CT 24 AM 10: 1

NOUNCE OF THE PROPERTY OF THE

C. Coulliette QCT 2 4 2004

## EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address (305) 444-4994 CORAL GABLES, FL 33134 City/State/Zip OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): SUPPLY, INC. PO6 000101755 (Corporation Name) (Document #) (Document #) (Document #) Walk in Pick up time Certified Copy Mail out ☐ Photocopy Certificate of Status Will wait AMENDMENTS NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILNGS REGISTRATION/ QUALIFICATION **Annual Report** Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Examiner's Initials

Other

## Articles of Amendment to Articles of Incorporation of

JS GENERAL SUPPLY, INC.

		, o ocite, o te ot	or , a., 1140.	
	(Name of corporat	tion as currently fi	led with the Florida Dept. of State)	NSS.
		P06000°	101755	Fig.
	(Doc)		corporation (if known)	<u> </u>
	(Doct	ament namber of c	corporation (if known)	
ursuant to the prov dopts the following			ida Statutes, this <i>Florida Profit</i> ( Incorporation:	Corporation
EW CORPORAT	E NAME (if cha	anging):		
S GENERAL SUF	PPLIES, INC.			
Must contain the word	'corporation," "comp	oany," or "incorpor	rated" or the abbreviation "Corp.," "Inc	c.," or "Co.")
r professional corporat	ion must contain the	word chartered,	, "professional association," or the abbi	reviation "P.A.")
MENDMENTS A	DOPTED- (OT	HER THAN N	AME CHANGE) Indicate Artic	cle Number(s)
			ted: (BE SPECIFIC)	vie riumoer(s)
•	,			
		<del></del>		
<u> </u>				
		· · · · · · · · · · · · · · · · · · ·		
	<u>-</u>			
	(A	ttach additional pa	ages if necessary)	
on amandment nea	siidaa fan ayahan.	aa maalaggifiaat	ion on concellation of icons data	
an amenument pro r implementing the	viues for exchalig	ge, reclassificat	ion, or cancellation of issued shathe amendment itself: (if not appli	ares, provisions
i implementing the	amendment ii ii	of contained in	the amendment user: (if not appu-	cable, indicate N/A
	<del></del>			

(continued)

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
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  (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)
MARYOLIS LORCA MONTOYA
(Typed or printed name of person signing)
P/D
(Title of person signing)