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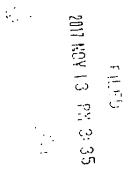
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TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N:JONES UNIQUE	GROUP HOME, INC.	
DOCUMENT NUMBER: _			
The enclosed Articles of Ame		bmitted for filing.	
Please return all corresponder	ce concerning this ma	tter to the following:	
SALIA	JONES. PRESIDEN	Τ	
		Name of Contact Persor	<u> </u>
JONE:	S UNIQUE GROUP H	OME, INC.	
		Firm/ Company	
7540 N	W 14TH STREET	• •	
		Address	
PLAN	TATION, FL. 33313		
		City/ State and Zip Code	
bobkaltenbag	h@comcast.net		
E-	mail address: (to be us	sed for future annual report	notification)
For further information conce SALIA JONES, PRESIDEN		000	770-5479
Name of Conta		at (720-5479 Die & Daytime Telephone Number
Name of Cont	ict rerson	Area Coo	Je & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made [payable to the Florida Depa	rtment of State:
-	\$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)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee	Section Corporations 27	Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

JONES UNIQUE GROUP HOME, INC.

2017 MOV 13 PM 3:35

	n as currently filed with the Florida Dept. of State)
P07000059218	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ai	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	<u>RESS</u>)
	· · · · · · · · · · · · · · · · · · ·
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	9
D. If amending the registered agent and/or registered	d office address in Elevisia and a control
new registered agent and/or the new registered of	ffice address:
Name of New Registered Agent	
	<u> </u>
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Regis	
hereby accept the appointment as registered agent. To	am familiar with and accept the obligations of the position.

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	DERRICK JONES SUDEALL	7540 NW 14TH STREET
Add			PLANTATION, FL. 33313
X Remove			-
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
	
<u> </u>	
* ***	
	-
If an amendment provides for an exch provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
1	
	

	NOVEMBER 8, 2017	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
N	OVEMBER 8, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amend	nent file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes ca sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were a must be separately provided for	oproved by the shareholders through voting groups. or each voting group entitled to vote separately on t	The following statement he amendment(s):
	t for the amendment(s) was/were sufficient for appr	oval
by	(voting group)	
	(voting group)	<u> </u>
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder acti	on and shareholder
Dated/	director, president or other officer – if directors or o	
(B y a selec	director, president or other officer – if directors or of the directors of	officers have not been r. trustee, or other court
	(Typed or printed name of person sign	ing)
	PRESIDENT	
	(Title of person signing)	