P07000059218

(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
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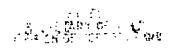
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TO: Amendment Section Division of Corporations

Division of Corpo	140015
	ATION: JONES UNIQUE GROUP HOME, INC
DOCUMENT NUMB	ER:
The enclosed Articles of	f Amendment and fee are submitted for fitting.
Please return all corres	condence concerning this matter to the following:
	SALIA O. JONES
	No. of Contract In
	Sane as above Finn/Company
•	Finn/ Company
_	7540 NW 14th STREET
	Address
	PLANTATION FL. 33313
•	City/ State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
SALIA	Contact Person Area Code & Daytime Telephone Number
Name of	Contact Person Area Code & Daytime Telephone Number
	the following amount made payable to the Florida Department of State:
\$35 Pilling Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

ANT WEN OF TOP A

	Article	s of Incorporation	ın.	के त्या अस्तिक विकास	り降 (注) 顕
JONES UNIQ	UE G	ROUP	tone 1	2010 OCT -4	AN 11: 50
		urrently filed wi	th the Florida Dept	. of State)	
P07000059;					
	(Document Nu	imber of Corporat	ion (if known)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statut	es, this <i>Florida P</i>	ofit Corporation ad	opts the following amer	idment(s) to
A. If amending name, enter the new name o	f the corporat	ion:			
				The	new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association."	"Corp." "Inc	, " or "Co". A p	ouny," or "incorpo rofessional corpora	rated" or the abbrevia	estiern
B. Enter new principal office address, if app	dicable:				
(Principal office address MUST BE A STREE)			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)	t <u>CE RQX</u>)	<u></u>			·~=·
D. If amending the registered agent and/or renew registered agent and/or the new registered agent and agent and agent agent and agent ag	<u>existered office n</u>	ce nddress in Flo ddress:	rids, enter the nam	e of the	_
Name of New Registered Agent					
***		rida street address)			
New Registered Office Address:					
HEW NERIMETER COINCE MAINESS.	~ <u>~~~</u>	(City)	······································	Florida (Zip Code)	•
				. ,	
New Registered Agent's Signature, if changir	ig Registered	Agent:			
hereby accept the appointment as registered a	gent, ram fai	muar wun and ac	cept the obligations	of the position	
	Signature of	New Registered .	Igent, 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; Va 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

X Change	PT John L	205	
X Remove		lones	
X Add	SY Sally	Smith	
Type of Action (Check One)	Litte	Name	Address
1) Change	<u>V.</u>	RENEE GREEN	PLANTATION, FL. 33313
Add			PLANTATION, FL. 33313
Remove			- Para you produce and a second secon
2) Change			
Add			**************************************
Remove			· · · · · · · · · · · · · · · · · · ·
3) Change			**************************************
Add			· · · · · · · · · · · · · · · · · · ·
Kemove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) ac date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will n partment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
	roved 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	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	10/1/18	
selected	rector, president or other officer - if directors or officers have not been I, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoint	SALIA O. JONES	
	(Typed or printed name of person signing)	-quan gay sydrologhyddyddian
	President	
	(Title of person signing)	·