PD1100081299

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





500261627715

06/30/14--01014--003 **35.00

14 JUH 30 PM 1: 13

Amina (10, 11, 15, 14

COVER LETTER

I U: Amendment Section Division of Corporations
NAME OF CORPORATION: JUMANJI INC
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kevin Pagan
Name of Contact Person
Jumanji Inc.
Firm/Company 810 NE 85 St.
Address
Address Miami FL 33138 City/ State and Zip Code
City/ State and Zip Code
Sailfishseries@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kevin Pagan at 786, 486-7200
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ENC: Cheek \$350

Articles of Amendment Articles of Incorporation



INC

(Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

(Document Number of Corporation (
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional Association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	810 NE 85 St. MIAMI, FL 33138
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST ÖFFICE BOX)	110 Arpieka Ave. St. Augustine, FL 32080
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida si	reet address)
New Registered Office Address: (City	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent / hereby accept the appointment as registered agent. I am familiar	
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>	Name	Address
1) Change	<u>S</u>	Gary Zink	216 52ND S
Add Remove			216 52ND S. Holmes Beach Florida 34217
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional s	ding additional Art sheets, if necessary).	(Be specific)			
			<u>. </u>		
			· · · · · · · · · · · · · · · · · · ·		
			<u>-</u>	··· · · · · · · · · · · · · · · · ·	
					===
<u>, , , , , , , , , , , , , , , , , , , </u>				, ,	
			<u> </u>		
lf an amendment i	provides for an excl	hange, reclassific	cation, or cancel	lation of issued st	nares.
<u>provisions</u> for im	plementing the ame able, indicate N/A)	endment if not co	ontained in the a	<u>mendment itself:</u>	
(II Not appned	ibia, maidala ibiri,				
711-11-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				, <u></u>	
					•
		• •			
 .					
					
<u> </u>					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u> </u>
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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.	
Dated	
Signature (Pure diseases associated as above 65 as if diseases 65 as less than 15 diseases	
(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)	
Kevin Pagan	
(Typed or printed name of person signing)	,

(Title of person signing)