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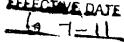


## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: F.J.	K. Inc.
DOCUMENT NUMBER: 607341	900109
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
Robin Tres	of Contact Person
Otho Rios	irm/Company
3296 NW F	ederal Huy
Jensen Ber	each FL 34957 State and Zip Code
Foodeachoric E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, plea	ase call:
Robin Treston  Name of Contact Person	at (772) 692-4481 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times \$\text{Certificate of Status}\$	S43.75 Filing Fee & S52.50 Filing Fee 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** to



**Articles of Incorporation** 

14 1 1 1 1 1 0 s of

(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name	of the corporatio	n:	
Ocho Rios Jer	-k Inc		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "p	he designation "C	orp," "Inc," or "Co".	A professional corporation
B. Enter new principal office address, if ap	oplicable:	N/A	
(Principal office address <u>MUST BE A STRE</u>		N/A	
		N/A	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		N/A	
		A//A	
D. If amending the registered agent and/or new registered agent and/or the new reg			ter the name of the
Name of New Registered Agent:	N/A		
	A/A		_
New Registered Office Address:	(Flori	ida street address)	. /^
	$\frac{N/A}{(City)}$		, Florida_ <b>N</b> / A
New Registered Agent's Signature, if change			a abligations of the positions
I hereby accept the appointment as registered	agent. Lam fami $\Lambda / \Lambda$ .	uar with and accept the	e obligations of the posițion.
<del></del>	Signature of New	Registered Agent if ch	anaina

Page 1 of 3

he date of each amendment(s) adoption:
ffective date if applicable: June (date of adoption is required)
(no more than 90 days after amendment file date)
doption 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 May 162011
Signature Toon Treston
(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)
(Typed or printed name of person signing)
Cryped or printed name of person signing)
Tresiden + (Title of person signing)