## DD700099352

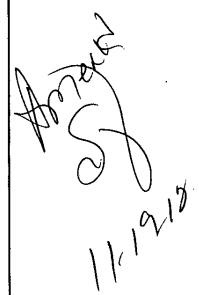
(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		<u></u>		

Office Use Only



300241791753

11/16/12--01010--029 \*\*35.00





## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

1.

**Division of Corporations** NAME OF CORPORATION: OCHO RIOS JERK INC. DOCUMENT NUMBER: P07000099252 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROBIN TRESTON Name of Contact Person OCHO RIOS JERK INC. Firm/ Company 8282 SPICEBUSH TERRACE PORT SAINT, LUCIE 34952 City/ State and Zip Code FOOD@OCHORIOSJERK.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TRACY TRESTON Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARNOVIE MEN Articles of Amendment Articles of Incorporation 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 corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A N/A C. Enter new mailing address, if applicable: N/A (Malling address MAY BE A POST OFFICE BOX) N/A N/A D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A Name of New Registered Agent N/A (Florida street address) N/A New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent/ I am familia 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 <math>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	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	Y M	like Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CEO/CFO	TRACY TRESTON	10915 JAYNES PLAZA
X			OMAHA NE, 68164
Remove			APT. 1815
2) Change		N/A	
Add	-		
Remove			
3) Change		<u>N/A</u>	
Add			
Remove			
4) Change		N/A	
Add			·
Remove			
5) Change		N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Add			
Remove			
6) Change		N/A	
Add			444 · · · · · · · · · · · · · · · · · ·
Pemove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
/A		
		_
	<u> </u>	_
	The state of the s	
	,	
	•	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
<b>V</b> /\(\)		

The date of each amendment	t(s) adoption.			
Effective date if applicable:	N/A			
(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.			
	re approved by the shareholders through voting groups. The following statement ad 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)			
	(voting group)			
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder			
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder			
Dated 11/	5/2012			
Signature	Kaller Uner			
(B	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)			
,	Robin TRasion (Typed or printed name of person signing)			
	(Typed or printed name of person signing)			
	(Title of person signing)			