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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: J& J. Jone	s Brothers Inc	<u></u>
DOCUMENT NUMBER: PO800010°	<u> 1077                                  </u>	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
	Name of Contact Persor	
_J & J Jones_I	Brothers Inc. Firm/Company	<del></del>
23214 Ames S	Address	
Punta Gorda	FL, 33/150 City/ State and Zip Code	
For further information concerning this matter, please		notification)
James Jones	at ( <u>94]</u>	1 623-7910
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depo	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations i Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

of

FILED

J+J Jones Brothers, Inc
(Name of Corporation as currently filed with the Flor (148 ) of State)
P08000109077 SECRET
(Document Number of Corporation (if known) LIAMASSEE STATE
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
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; CF() = 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 E	Ooe	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	¥ -	Raven Jones	21459 Webbwood Avc Port Charlotle PL 3395.
Add			
2) Change Add	_5°	William Harris	1157 axsalidast. Port Charlotte FL, 33952
Remove 3 ) Change Add			·
Remove 4) Change Add			
Remove  51 Change Add			
Remove 6) Change Add Remove			

Attach <i>additional sh</i>	ing additional Articl eets, if necessary).	(Be specific)	_			
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<u>if an amendment p</u>	rovides for an excha	inge, reclassifica	tion, or cancellat	ion of issued sh	ares.	
provisions for imp	olementing the amen	dment if not cor	tained in the am	<u>endment itself:</u>		
(if not applica	ble, indicate N/A)					
		•				
		<u> </u>				_
				811.81		•
						-

he date of each amendment(s) adoption:	, if other than the
ate this document was signed.	
ffective date if applicable: 11 5 18 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date ocument's effective date on the Department of State's records.	will not be listed as the
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):	Α,
"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 X  (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)	
Tomac Janac	
(Typed or printed name of person signing)	<u></u>
President	
(Title of person signing)	