20002868

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)	ı		
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPOR	ation: JKS S er: <u>P09 00000</u> 2	saenz Traw 868	s port. Inc
The enclosed Articles of	of Amendment and fee are sul	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Tom	nas Diar	
•		Name of Contact Persor	1
_	2303 F.	Firm/Company	
-	00-0-2	Liberty 57 Address & L. 33612 City/State and Tim Code	
_	Tampa,	81. 33612	
	•	City/ State and Zip Code	2
For further information	E-mail address: (to be us concerning this matter, pleas	ed for future annual report	notification)
10	nas Dia	at (813	420-8200
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$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		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment

13

Articles of Incorporation			DIVISION OF CO	J&bOicer ex
<u> </u>	of		15 JAN 29	AM 8: 1
JKS S		ions port , IAC	15 JAN 23	131
(Name of Corporation as currently	y filed with the Flo	rida Dept, of State)		
P 090000	107868			
(Document Number	of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Fl</i>	orida Profit Corporation adopts	the following amer	ndment(s) to
A. If amending name, enter the new name of the	corporation:			
			The	new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Ce	o". A professional corporation A."	i" or the abbrevious name must contain	ation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		2303 E. 661 TAMPA, FL.	495T 33612	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	P.O. BOX 82- TAMPA, Fl.		
D. If amending the registered agent and/or registered agent and/or the new register		s in Florida, enter the name of	<u>the</u>	
Name of New Registered Agent		····		
	(Florida street	address)		
New Registered Office Address:		, Florida		
THE TREBUTE OF THE TAME ESS.	(City)		Zip Code)	

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; 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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action	Title	Name	Address
(Check One) 1) Change	TR	Morcella Yaines	1515 W. Paterson
Add Remove			1 Ampa, FC 33 609
2) Change	TR	Edgor, Rivera	1212 Alpine lake Dr Brondon, Fl 3355
Remove 3) Change			
Remove 4) Change			
Add Remove			
5) Change			
Remove			
6) Change	·····		
Remove			

(Attach			/D =			
	aaaiiionai snee	ets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption:	FILI SECRETARY DIVISION OF C	ED OF STATE ORPORATIONS	, if other than th
date this document was signed. Effective date if applicable:	15 JAN 29	AM 8: 13	
	90 days after amendment file d	ate)	
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. T by the shareholders was/were sufficient for approval.	he number of votes cast for the	amendment(s)	
The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to			
"The number of votes cast for the amendment(s) was/w	ere sufficient for approval		
by(voting group)	19		
(voting group)			
The amendment(s) was/were adopted by the board of director action was not required.	rs without shareholder action an	d shareholder	
The amendment(s) was/were adopted by the incorporators w action was not required.	ithout shareholder action and sha	areholder	
Dated 1/23/15			
Signature			
(By a director, president or other of selected, by an incorporator – if in appointed fiduciary by that fiduciar	the hands of a receiver, trustee,		
	omas Dia	/	
(Typed or	r printed name of person signing)	
	Title of person signing)		