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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: DOCUMENT NUMBER:		J S M EMPIRE, INC.			
		P10000073604			
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.			
Please return all co	orrespondence concerning th	is matter to the following:			
		Jacob D Monde Jame of Contact Person			
	J	S M EMPIRE, INC.			
		Firm/ Company			
	1	116 Oakwater Dr.			
	Royal	Address Palm Beach, FL 33411			
		ity/ State and Zip Code	,		
ń "	jakest E-mail address: (to be use	ars@yahoo.com d for future annual report notification)			
	ation concerning this matter,	please call:			
	acob D Monde of Contact Person	at (561) 306-3638 Area Code & Daytime Telephone Number			
Enclosed is a chec	k for the following amount n	nade payable to the Florida Department of State:			
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	closed)		
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

J S M EMPIRE, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P10000073604
(Decument Number of Composition (if known)

	r of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, I amendment(s) to its Articles of Incorporation:	Florida Statutes, this <i>F</i>	Torida Profit Corporation a	dopts the following.
A. If amending name, enter the new name of th	e corporation:		
			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the de name must contain the word "chartered," "profes.	signation "Corp," "In	c," or "Co". A professiona	ated" or the Il corporation
B. Enter new principal office address, if applica			
(Principal office address <u>MUST BE A STREET A</u>	ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)		11 SEP 13 PH 4: 3
D. If amending the registered agent and/or regis	istered office address	in Florida, enter the name o	of the BAE 3
new registered agent and/or the new register	red office address:		73>
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent		and accept the obligations of	the position.
Sion	ature of New Registere	ed 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DORGILUS, WISNIE	342 NORH CONGRESS AVE BOYNTON BEACH FL 33426	
			_
	·		_
	ling or adding additional Articles, e Iditional sheets, if necessary). (Be s		
provisio		, reclassification, or cancellation of is:	
	or apprication, maneure 1971)		

9-4-11
adoption:
(date of adoption is required)
no more than 90 days after amendment file date)
(CHECK ONE)
adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
t for the amendment(s) was/were sufficient for approval
,"
oting group)
adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) (Typed or printed name of person signing)