P10000082770

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(Ad	ldress)	
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(Ĉit	ty/State/Zip/Phone	#)
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: JOZY INC.
DOCUMENT NUMBER: P10000082770
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSMER ALTIDORE
Name of Contact Person

Firm/ Company

21053 SHADY VISTA LANE

Address

BOCA RATON, FL. 33428

City/ State and Zip Code

ICXMC@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

	JO	SE	PH	٧.	ALT	IDORE
--	----	----	----	----	-----	-------

_{at (}561

_{__} 271-8617

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Elorida Department of State:

S35 Filing Fee-

TO: Amendment Section

□\$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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P1000082770 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the followits Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must 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)	
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B. Enter new principal office address, if applicable:	
	_
	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	_ _
	14 SEF 30 FM/2: 23
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	23
(Florida street address)	
New Registered Office Address: , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PD	JOSMER ALTIDORE	21053 SHADY VISTA LANE
Add			BOCA RATON, FL. 33428
Remove			
2) Change	PD	JOSEPH V. ALTIDORE	21053 SHADY VISTA LANE
Add			BOCA RATON, FL. 33428
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	nding or adding addition additional sheets, if necessity is necessity additional sheets.	essary). (Be s	pecific)			
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If an ar	mendment provides for	r an exchange.	reclassification.	or cancellation o	of issued shares.	
	sions for implementing	the amendmen	it if not containe	d in the amendn	nent itself:	
provis	f not applicable, indicate	e N/A)				
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
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):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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 09/26/2014	
Signature DM V Alf	
(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)	
JOSEPH V. ALTIDORE	
(Typed or printed name of person signing)	
PRESIDENT, DIRECTOR	
(Title of person signing)	