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SECRETARY OF STATE

ALLAHASSEE FILOMINA

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Jumma enterprises Inc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joes Market Jumma exters-s
Firm/Company

N Ocean DR

Address Holly was P FL 33019
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ,43.75 Filing Fee & **☑** \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy

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
Tallahassee, FL 32301

(Additional Copy

is enclosed)

Articles of Amendment to 'Articles of Incorporation

of	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Enterprises Inc filed with the Florida Dept. of State)	
0.		
(Document Number of		
·	•	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
Na		_The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P B. Enter new principal office address, if applicable:	o". A professional corporation name must	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
		
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	4	_
(multing dutiess MAT BE A POST OFFICE BOX)		
		g n
		- N. F
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:	1	
Name of New Registered Agent		្នី ហ
(Florida stree	et address)	_
New Registered Office Address:	, Florida	
((City) (Zip	Code)
N. D. C. L. A. G. Charles and C. Barriera de Arresta		•
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.	
,		
12-V- / YCAN	gistered Agent, if changing	_
/ Signature of New Reg	gistered 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 Doc	
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	<u></u>	WATERD JAMAL	goo N ocean
Add Remove			900 N OCEON OR NOTIZE O FL 33019
2) Change Add		SAFIA Khanum	PR Hollywood
Add			fl 33019
3) Change			
Add Remove			
4) Change			
Add		·	
5) Change			
Add			
6) Change			
Add			
Remove			

zsuații auan	g or adding additional tional sheets, if necesso	rry). (Be specific)		
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provisions f	ment provides for an of for implementing the supplicable, indicate N/A	amendment if not	fication, or cance contained in the	llation of issued shamendment itself;	ares,

The date of each amendment(s) adoption: 8/// if other than the date this document was signed.
Effective date if applicable: \(\frac{\partial}{2} \)
(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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
☐ 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 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.
Dated9/19/17
Signature What start and signature
(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)
Waler Samul
(Typed or printed name of person signing)
President
(Title of person signing)