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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JWW77, INC					
DOCUMENT NUMBER: P11000000478						
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	SANG N. HARRIS					
•	<u> </u>	Name of Contact Person				
	SANG N. HARRIS, CPA, P.A.					
-	<u> </u>	Firm/ Company	<u></u>			
	800 N. FERNCREEK AVE.	• •				
•	<u> </u>	Address				
	ORLANDO, FL 32803					
•		City/ State and Zip Code	e			
SANC	HARRIS@AOL.COM					
		sed for future annual report	notification)			
	·	·	,			
For further information	concerning this matter, pleas	se call:				
SANG N. HARRIS 407 895-6036						
Name of Contact Person		at (_) 895-6036			
Name o	i Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MIN MAN OR 22.54

JWW77, INC		•	· 14.5%
(Name	of Corporation as currently filed with	the Florida Dept. of State)	
P11000000478			
	(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607 is Articles of Incorporation:	.1006, Florida Statutes, this Florida Proj	It Corporation adopts the following	amendment(s)
. If amending name, enter the new n	ame of the corporation:		
		•	The insu
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	stain the word "corporation," "comparation "Corp," "Inc," or "Co". A pro ation," or the abbreviation "P.A."	ry," or "incorporated" or the abl lessional corporation name must co	reviation intain the
. Enter new principal office address, Principal office address MUST BE A S		·	 ,
mequi office duress most pe A 3			
			
• .			
Enter new mailing address, if appl		•	
(Mailing address MAY BE A POST	OFFICE BOX)		
•			
·			
. If amending the registered agent an	d/or registered office address in Florid	a, enter the name of the	
new registered agent and/or the new	·	•	
Name of New Registered Agent	KRYSTAL WOLFE		
•	193 BLACK STONE CREEK RD.		
	(Florida street address)	<u> </u>	
New Best and Office Address.	GROVELAND	n 34736	
New Registered Office Address:	(Ciry)	, Florida	de}
		, mg	,
ew Registered Agent's Signature, if cl			•
hereby accept the appointment as regist	ered agent. I am familiar with and acce	ot the obligations of the position.	
Ŭ	Rid		
	Signature of New Registered Age	nt, 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 <math>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>	Name	<u>Addres</u> s	
1) Change	DPS	JAMES W. WOLFE	193 BLACK STONE CREEK RD.	
Add X Remove			GROVELAND, FL 34736	
2) Change	DPS	KRYSTAL WOLFE	193 BLACK STONE CREEK RD.	
X Add			GROVELAND, FL 34736	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

attach additional sheets, if necessary).	(Be specific)				
				 	
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The date of each amendment date this document was signed		if other than the
Effective date if applicable:	DECEMBER 1, 2016	
Enecuve date it houngaine:	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	l not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
	JARY 10, 2016	,
Dated	787A	
(B	y a director, president or other officer - if directors or officers have not been	—
se ap	lected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	KRYSTAL WOLFE	
	(Typed or printed name of person signing)	
· · · · · · · · · · · · · · · · · · ·	PRESIDENT	
	(Title of person signing)	

k