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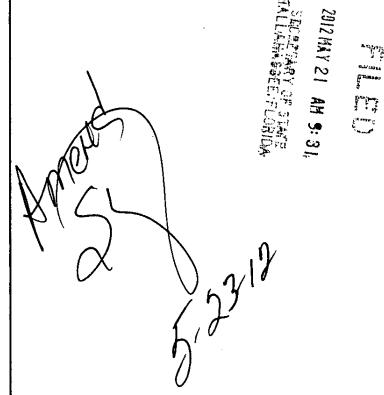
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: DOUBLE J DISTRIBUTORS, CORP. DOCUMENT NUMBER: P12000021367 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JASON OSPINA Name of Contact Person DOUBLE J DISTRIBUTORS. Firm/ Company **6111 SW 8 STREET** Address MIAMI, FLORIDA 33144 City/ State and Zip Code DOUBLEJDIST@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JASON OSPINA Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

DOUBLE J DISTRIBUTORS, CORP.

	.			
Articles of	of Amendment to		2010	12, My 9: 0
. Articles of	Incorporation		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	r_ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	of		A Maria	3/ 3/
OUBLE J DISTRIBUTORS, CORP.			100	3 44 5.
(Name of Corporation as currently filed with the	ne Florida Dept. of	State)		Elisa Jan
P12000021367				
(Document Number of Corporation	on (if known)			- May
Pursuant to the provisions of section 607.1006, Florida Statutes, tts Articles of Incorporation:	this <i>Florida Profit C</i>	<i>Torporation</i> add	opts the followin	g amendment(s)
A. If amending name, enter the new name of the corporation	<u>:</u>			
				_The new
name must be distinguishable and contain the word "corpord" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of word "chartered," "professional association," or the abbreviation	or "Co". A profess			
3. Enter new principal office address, if applicable:	N/A			
Principal office address <u>MUST BE A STREET ADDRESS</u>)		**************************************		-
				-
				_
Tuton none mailing address if annivables				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A			
		,		-
			,	-
				_
) If amonding the registered agent and/on registered office	dduses in Florida		a of the	
 If amending the registered agent and/or registered office a new registered agent and/or the new registered office address. 		enter the name	e or the	
Name of New Registered Agent N/A				
Name of New Registered Agent N/A				

(Florida	a street address)			
New Registered Office Address:		, Florida		_
(0	City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Age the appointment as registered agent. I am famili	ent:	tha ablications	of the position	
nereoy accept the appointment as registered agent. I am famili	ыг жип апа ассері і	ne oouganons	oj ine 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 <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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add Remove	<u>V</u>	KWONG P. CHOW	6111 SW 8 STREET MIAMI, FLORIDA 33144
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove		· · · · · · · · · · · · · · · · · · ·	
5) Change Add Remove			
6) Change Add Remove		<u> </u>	

E. If amending or adding additional Artic (attach additional sheets, if necessary).	<u>cles, enter change(s) here</u> : (Be specific)
N/A	
·	
-	
•	
	•
	·
F. If an amendment provides for an exch provisions for implementing the amero (if not applicable, indicate N/A) N/A	nange, reclassification, or cancellation of issued shares, and and an analysis
NIA	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 3/06/2012		
Effective date <u>if applicable</u> :		
-	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ade action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 5/15/201	2	
selecte	lifector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
	JASON OSPINA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	