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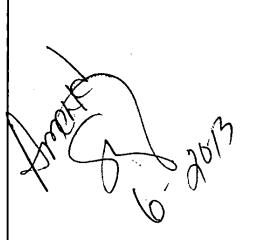
(Re	questor's Name)	
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Jaka Homa Improvament Inc
DOCUMENT NUMBER: <u>P12 0000 31 839</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maribal Salazay Name of Contact Person
Jova Home Improvement
10562 Ecratorial Lane Dr
Address
Oxlando, FL. 32832
City/ State and Zip Code
MARYSA LA ZAR 2. O HOTHATL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Haribal Salgzar = (321) 9463374
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

OIVISION OF TARY EU

13 JUN 18

AN 9:21

	of 1		1	AN 9:21
Java Homa	Impro	namant	Inc	
(Name of Corporation as currently		rida Dept. of State)		
	<u>31830</u>			_
(Document Number	of Corporation (if I	(nown)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Fa	lorida Profit Corpora	ntion adopts the followi	ng amendment(s) to
A. If amending name, enter the new name of the	corporation:			
•				The new
name must be distinguishable and contain the wa "Corp" "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "C	o". A professional o	ncorporated" or the corporation name must	abbreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A.				_
		-	· · · · · · · · · · · · · · · · · · ·	_
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	n a kë			
(Matting duaress MAT BE A POST OFFICE I	<u>BUX</u>)			_
		——————————————————————————————————————		
			· · · - · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or regis		ss in Florida, enter t	he name of the	
new registered agent and/or the new register	ed office address:			
Name of New Registered Agent				
	(Florida stree	t address)	=	
New Registered Office Address:		, F	lorida	<u>-</u>
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing R	Registered Agent:			
I hereby accept the appointment as registered agent	t. I am familiar wii	th and accept the obli	gations of the position.	
Signature of	New Registered Ag	eni, 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 Do	<u>oe</u>			
X Remove	<u>V</u>	Mike Jo	nes			
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	Title		<u>Name</u>		Address	
1) Change	_5\	<u>J</u>	Andras 7	Acquado	10562 Fostpark	. Lake D
_ X _Add					Orlando, FL 328	332_
Rémove						-
2) Change		_				
Add						•
Remove						
3) Change						_
Add						-
Remove						-
4) Change						
Add						-
Remove						,
5) Change		_				-
Add						_
Remove						_
6) Change		·	_			-
Add						
Remove						_

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		_
		
<u> </u>		
f an amandment musikke for a	nange, reclassification, or cancellation of issued shar	es,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
<u>provisions for implementing the amer</u>	ndment if not contained in the amendment itself:	
<u>provisions for implementing the amer</u>	ndment if not contained in the amendment itself:	
<u>provisions for implementing the amer</u>	ndment if not contained in the amendment itself:	
<u>provisions for implementing the amer</u>	ndment if not contained in the amendment itself:	
provisions for implementing the amer	ndment if not contained in the amendment itself:	
provisions for implementing the amer	ndment if not contained in the amendment itself:	

The date of each amendment(s) adoption: 05 30 1 2013	
Effective date if applicable: 05/30/2013	
(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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	r i
"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 required. The required.	
May 30, 2013	
Signa. (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)	
Haribal Salazar	
(Typed or printed name of person signing)	
Prasidant	
(Title of person signing)	