# P12 000357177

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02/01/17--01009--022 \*\*43.75

John Mary

## **COVER LETTER**

**Division of Corporations** NAME OF CORPORATION: JMN Sales. P120000 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & □ \$35 Filing Fee □\$52.50 Filing Fee

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enclosed)

(Additional copy is

## **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

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

# Articles of Amendment to Articles of Incorporation of

JMN Sales, Inc		
	ation as currently filed with the Florida Dept. of State)	
P12000057177	1	
	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the	e corporation:	
		The man
	'Ψ' Ω	
(Principal office address MUST BE A STREET A		
new registered agent and/or the new registere	stered office address in Florida, enter the name of the	- Co
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	~ <del>~</del>
	(City) (Zip Co	ode)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	Registered Agent: d. I am familiar with and accept the obligations of the position.	
Si	ignature 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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Vice Pres.	Jared Nelson	11533 Glenmont Dr.
Add			Tampa F1 33635
X Remove			<u> </u>
2) Change	_ <b>V</b>	Megan Nelson	11533 Glenmont Dr
Add Remove			Tampa F1 33635
Remove 3) Change	V	Nicole Nelson	11533 Glenmont Dr
Add		<b>\</b>	11533 Glenmont Dr Tanpa F 1 33635
X Remove			
4) Change			4-10-050-050-050-050-050-050-050-050-050-
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
, <u></u>	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(ij noi applicable, indicale N/A)	
(ij noi applicable, indicale N/A)	
(ij noi applicable, indicale N/A)	
(IJ not applicable, indicate N/A)	
(IJ not applicable, indicate N/A)	
(ij noi applicable, indicale N/A)	

The date of each amendment(s) adopti	m /2/17	is ashan show sho
the date of each amendment(s) adopti date this document was signed.	UII.	, if other than the
Effective date <u>if applicable</u> :	1/22/17	
Effective date <u>if applicable</u> :	(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this block document's effective date on the Departs		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were sufficient		votes cast for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each		
"The number of votes cast for the	ne amendment(s) was/were sufficient	for approval
by	(voting group)	**
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without sha	archolder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareho	older action and shareholder
Dated\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2/17	
Signature Co	ion Cleban	
(By a directe	or, president or other officer - if dire	
	an incorporator – if in the hands of a duciary by that fiduciary)	a receiver, trustee, or other court
••••	Carolyn C. Ne	Ison
	(Typed or printed name of per	rson signing)
	President	
	(Title of person si	gning)