

P13000002130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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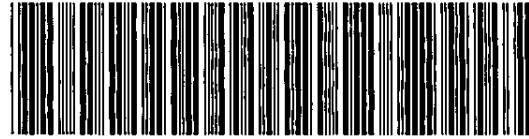
(Business Entity Name)

(Document Number)

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13 NOV 18 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
NOV 19 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JO SPECIALTY MANAGEMENT, INC.

DOCUMENT NUMBER: P 13000002130

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHANNE LEMAY

Name of Contact Person

JO SPECIALTY MANAGEMENT, INC.

Firm/ Company

398 E. DANIA BEACH BLVD , STE 284

Address

DANIA BEACH , FL 33004

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D.C. TAVARES, SR.

Name of Contact Person

at (800) 591-0350 EXT 2

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

RECEIVED
13 NOV 15 PM 12:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2013

JOHANNE LEMAY / JO SPECIALTY MANAGEMENT INC
398 E. DANIE BEACH BLVD SUITE 284
DANIA BEACH, FL 33004

SUBJECT: JO SPECIALTY MANAGEMENT INC
Ref. Number: P13000002130

We have received your document for JO SPECIALTY MANAGEMENT INC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 313A00025994

JO SPECIALTY MANAGEMENT, INC.

Email: jsmservices@yahoo.com
398 E Dania Beach Blvd. Ste #284
Dania Beach, Florida, 33004
Nationwide Toll Free: 1-800-591-0350

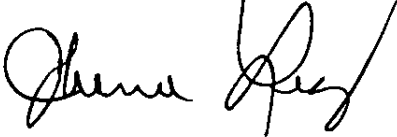
November 1, 2013

Amendment Section
Amendment Section
Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32301

Re: Articles of Amendment

Please find Articles of Amendment.

Thank You,
JO SPECIALTY MANAGEMENT, INC.



Johanne Lemay
President and CEO

The information contained in this letter / e-mail is sent by RJSLAW and any files transmitted with it are intended only for the use of the addressee(s) and may be legally privileged and/or confidential. If you are not the intended addressee, you have received this information in error and are hereby notified that any use, distribution or copying of this information is strictly prohibited. If you have received this information in error, please reply to the sender by e-mail and delete the original and copies of the e-mail/files. Thank you.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JO SPECIALTY MANAGEMENT, INC.

DOCUMENT NUMBER: P 13000002130

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHANNE LEMAY

Name of Contact Person

JO SPECIALTY MANAGEMENT, INC.

Firm/ Company

398 E. DANIA BEACH BLVD , STE 284

Address

DANIA BEACH , FL 33004

City/ State and Zip Code

JSM. SERVICES @ YAHOO. COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D.C. TAVARES, SR.

Name of Contact Person

at (800) 591-0350 EXT 2

Area Code & Daytime Telephone Number

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☐ \$35 Filing Fee

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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

AND
FILED
13 NOV 18 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JO SPECIALTY MANAGEMENT, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P 13000002130

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

398 E. DANIA BEACH BLVD , STE 284

DANIA BEACH, FI

33004

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

398 E. DANIA BEACH BLVD , STE 284

Dania Beach , FI

33004

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

398 E. Dania Beach Blvd Ste 284

(Florida street address)

New Registered Office Address: Dania Beach, Florida 33004
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the 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 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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PST</u>	<u>Johanne Lemay</u>	<u>398 E Dania Beach Blvd</u> <u>Suite 284</u> <u>Dania Beach Fl 33004</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CEO</u>	<u>Johanne Lemay</u>	<u>398 E. Dania Beach BLVD</u> <u>STE 284</u> <u>DANIA BEACH FL 33004</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>E/VP</u>	<u>D. C. TAVARES, SR.</u>	<u>398 E. Dania Beach BLVD</u> <u>STE 284</u> <u>DANIA BEACH FL 33004</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

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APPROVED
AND
FILED

13 NOV 18 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 11-1-2013
date this document was signed.

Effective date if applicable: 11-1-2013

(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 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

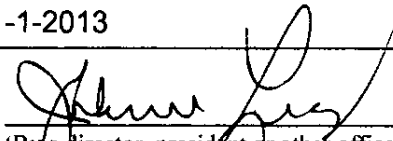
by _____."
(voting group)

☐ 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.

Dated 11-1-2013

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)

JOHANNE LEMAY

(Typed or printed name of person signing)

PRESIDENT AND CEO

(Title of person signing)