## P1300036500

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	•	

Office Use Only



200248544062

06/04/13--01010--007 \*\*43.75

JUN 0.7 2013 R. WHITE 13 JUN -4 MILL: 28 SECRETARY OF STATE FAULAHASSEE FIORINA

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Just Between	en Friends of Ce	ntral Florida, Inc.
DOCUMENT NUM	BER: P1300003650	2	
The enclosed Articles	of Amendment and fee are sul	omitted for filling.	
Please return all corres	spondence concerning this mat	ter to the following:	
	Jade Markesteyn	Martinez	
		Name of Contact Person	1
		Firm/ Company	
	8060 Crushed Pe	pper Ave	
		Address	
	Orlando, FL 3281	7	
		City/ State and Zip Code	e
Jac	de <u>Markesteyn</u> (a E-mail address: (10 be us	yahoo.com ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
Jade Markes	teyn Martinez	<sub>at (</sub> 407	427-0574
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	artment 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)
Ame Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment

FILED

Articles of Incorporation

13 JUN -4 AM 11: 28

(Name of Corporation as curren	itly filed with the Florida De	ept. of State AllaSSEE, FLORIDA
P130000 <del>365</del> 02		
	per of Corporation (if known)	
ursuant to the provisions of section 607.1006, F s Articles of Incorporation:	lorida Statutes, this <i>Florida Pr</i>	Profit Corporation adopts the following amendr
. If amending name, enter the new name of t	the corporation:	
J B F of Central Florida, Inc		The no
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "o ord "chartered," "professional association," o	Corp," "Inc," or "Co". A p	
B. Enter new principal office address, if applice Principal office address <u>MUST BE A STREET</u>		
	E BOX)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	
(Mailing address <u>MAY BE A POST OFFIC</u>	gistered office address in Flo	orida, enter the name of the
(Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or registered	gistered office address in Flo	orida, enter the name of the
(Mailing address MAY BE A POST OFFICE  ). If amending the registered agent and/or renew registered agent and/or the new regist	gistered office address in Flo ered office address:	·
Mailing address MAY BE A POST OFFICE  1. If amending the registered agent and/or registered agent and/or the new regist	gistered office address in Flo	·

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		<del></del>		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
<del></del>				
6) Change		<del>_</del>		
Add				
Remove				

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
(fd	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved 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 f	or the amendment(s) was/were sufficient for approval	
by	,,	
•	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	7/13	
Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e M Med	
(By a di	rector, 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 ed fiduciary by that fiduciary)	
<u> </u>	a national by that nationally	
_	Jade M. Martinez (Typed or printed name of person signing)	
_	(Typed or printed name of person signing)	
	0 1000 1 1000 100	
-	OWNER Manager (Title of person signing)	
	( or baroon arbump)	