Florida Department of State
Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000279335 3)))



H140002793353ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839

Fax Number

: (305)599-0839 : (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

in⇒il	Address:	
	AUU.UDD.	

RECEIVED

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

J.M. PARTNERS INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

12/3/2014 5:05 PM

FILED.

## Articles of Amendment to

Articles of Incorporation

OF 35 LAY OF STATE

2814 DEC -4 AM II: 11

of	TALL AHASSEE, FLORIUA
J.M. PARTNERS IN	CORPORATED
(Name of Compration as currently filed with the Flo	orida Dept. of State)
P130000	45816
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Suntates, this F its Articles of Incorporation:	Corida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.  B. Enter new principal office address. If applicable: (Principal office address MUST BE A STREET ADDRESS)	o". A professional corporation name must contain the
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	

new registered agent anti/or the ner	v registered office address:	
Name of New Registered Agent		····
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)

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

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; CRO = 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 Doe	•
X Remove	Y	Mike Jones	
X Add	<u>s</u> v	Sally Smith	
Type of Action (Check One)	<u>Tide</u>	Name	Address
1) Change	PST	VETA E. FOOTE	8801 GATEHOUSE ROAD
Add			UNIT#8
Remove			PLANTATION, FL 33324
2) Change	PT	TREMAYNE L. DAVIS	611 NORTHWEST 39 AVE
Add			PLANTATION, FL 33311
Remove			
3) L Change			
Add Remove			
4) Change			
Add	<u></u>		
Remove			
3) Change			
Add			
σ) Change		-	
Add			
Remova			

If amending or addit (Attach additional she	ng additional Articles, en ets, i[nacessary]. (Be sp	ter change(s) here: ecific)		
VETA E. FOOTE IS THE SOLE SHARE HOLDER OF J.M. PARTNERS				
<del> </del>			ISSUED BY THIS CO	NCERN
	•			
		*		
			· · · · · · · · · · · · · · · · · · ·	•
		*		
<u> </u>				
If an amendment pro	evides for an exchange, rementing the amendment	cclassification, or cancell	lation of issued shares,	
(if not applicable	e, indicate NA)	to not continued at the a	menoment (Sette	
~				
•				
				·····
			-	
-				

The date of each amendment(s) ad-	option:	, if other than the
date this document was signed.	•	
Effective date if applicable:		
, <u> </u>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	·
The amendment(s) was/were adop by the sharcholders was/ware suf	pted by the shareholders. The number of votes cast for the amendment(s) frient for approval.	·
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The mumber of votes cast f	for the amendment(s) was/were sufficient for approval	
: by	19	
	(voting group)	
The amondment(s) was we a adoption was not required.	pred by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
T-9050	ECEMBER 1, 2014	
Signature	Lelyfol	_
	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 ad fiduciary by that fiduciary)	
	VETA E. FOOTE	
•	(Typed or printed name of person signing)	
_	PRESIDENT, SECRETARY, TREASURER	
-	(Title of person signing)	<del></del>

1\_