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(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	MATION: G&J ENTE	RPRISES1 INC	
DOCUMENT NUME	_{BER:} P1352713		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JB Roth, Esq.		
•		Name of Contact Person	1
	Roth Law Firm Pl	L	
		Firm/ Company	
	234 Canal Blvd, S	Suite 2	
Address			
	Ponte Vedra Brea	ach, FL 32082	
		City/ State and Zip Code	•
ib@	rothlawfirm.net		
<u> </u>		ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
JB Roth		at (904	473-4906
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indment Section Indication of Corporations Indication of Section of Corporations Indication of Corporation of Corp	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle
		Tallaha	issee, FL 32301



Articles of Amendment to Articles of Incorporation of

G&J ENTERPRISES1 INC	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	
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 "Cword "chartered." "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	21 King Street
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	St. Augustine, FL 32084
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	21 King Street
	St. Augustine, FL 32084
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent JB Roth, Esq.	0 " 0
234 Canal Blvd,	
Ponto Vodra Ros	
New Registered Office Address: FOIRE VEULA DES	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar we signature of New Registered Agent.	

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Р	Cameron L Flack	21 King Street
Add			St. Augustine, FL 32084
Remove			
2) Change	V	Gaby Mayandia	2800 N. 6th St, Unit 1
Add			# 182
Remove			St. Augustine, FL 32084
3) Change	Р	Jeff W Flack	2800 N. 6th St, Unit 1
Add			# 182
Remove			St. Augustine, FL 32084
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			· · · · · · ·
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
/ A	
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· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an even	sange reclessification or concelletion of issued shares
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
I/A	

The date of each amendment(s) adopti	ion: 12/12/2013	, if other than th
date this document was signed.		
Effective date if applicable:		
•	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	by the shareholders through voting groups. The following statement in voting group entitled to vote separately on the amendment(s):	
	he amendment(s) was/were sufficient for approval	
by	"	
·	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated 12/18/2013		
Dated_12/18/2013 Signature	n Um	
(By a directon selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
Ca	meron L. Flack	
<u></u>	(Typed or printed name of person signing)	_
Pre	esident	
	(Title of person signing)	