## P13000084994

(Re	questor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: S & J CAPI	TAL VENTURE	S INC.			
DOCUMENT NUMBER: P13000084994					
The enclosed Articles of Amendment and fee are suf					
Please return all correspondence concerning this mat	tter to the following:				
JAY PRESSER					
S & J CAPITAL V	Name of Contact Person 'ENTURES INC.				
	Firm/ Company				
5800 CAMINO DI	EL SOL #405				
	Address				
BOCA RATON, F	L 33433				
	City/ State and Zip Code				
LENNY@FWLKCPA	S.COM				
	ed for future annual report	notification)			
For further information concerning this matter, pleas					
JAY PRESSER	<sub>at (</sub> 305	<sub>)</sub> 335-5752			
Name of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:			
■ \$35 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

S & J CAPITAL VENTURES INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	_
P13000084994	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	ng amendment(s) to
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 a "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."	bbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_
	- - :
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DEC -9 PMII:4
	<b>6</b> 32
	- <b>3</b> 19
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:	5 5
Name of New Registered Agent	
Hame of her registred regard	
(Florida street address)	
New Registered Office Address:, Florida	
(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	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	SEC	SHYLA PRESSER	5800 CAMINO DEL SOL #
Add Remove			BOCA RATON, FL 33433
2) Change			
Remove 3) Change			
Add Remove			
4) Change		<del> </del>	
Remove		·	
5) Change Add	<u></u>		
Remove			
6) Change			
Remove			

. If amending or adding additional Articles, enter change(s) here:		
(Attach additional sheets, if necessary).	(Be specific)	
	A	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(g var approvato, maneure , m.)		

The date of each amendmen	t(s) adoption: <u>10/16/13</u>	, if other than the
date this document was signed	<b>l</b> .	
Effective date if applicable:	10/16/13	
	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
	are adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated 12/2	2/2013	
Signature _		_
s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	JAY PRESSER	
	(Typed or printed name of person signing)	<del>-, -</del>
	PRESIDENT	
	(Title of person signing)	