P14000015620

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: JT Investments of Florida Corp DOCUMENT NUMBER: P14000015620 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tiffany Leih Glasgow Name of Contact Person JT Investments of Florida Corp Firm/ Company 1813 Arlington Drive Address Lake Clarke Shores, FL 33406 City/ State and Zip Code JTInvestments1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tiffany Leih Glasgow Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (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

Articles of Amendment to Articles of Incorporation

FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS	
DIAISION OF COM OWN	

(Name of Corporation as curre	Vestmen-	$+ \leq OFF/O$ da Dept. of State)	rida Corp
P14000015620		,	
(Document Nun	ber of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, ts Articles of Incorporation:	Florida Statutes, this <i>Flor</i>	rida Profit Corporation ado	pts the following amendment(
A. <u>If amending name, enter the new name of</u> N/A	the corporation:		The new
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co"	'. A professional corporati	ated" or the abbreviation
B. Enter new principal office address, if app		1813 Arlington D	rive
(Principal office address MUST BE A STREE		Lake Clarke Shores, FL	
		33406	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1813 Arlington Drive	
		Lake Clarke Shores, FL	
		33406	
D. If amending the registered agent and/or r new registered agent and/or the new regis		in Florida, enter the name	of the
Name of New Registered Agent			
	(Florida street d	address)	
<u>New Registered Office Address:</u>		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing the hereby accept the appointment as registered a		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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	Jeremy Martorella	1813 Arlington Drive
Add			Lake Clarke Shores, FL
Remove			33406
2) Change			
Add	***************************************		
Remove			
3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Character			
6) Change Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
I/A	
	A CANADA A
	,
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	mament if not contained in the unemainent tion.
1/A	

FILILU SECRETARY OF STATE DIVISION OF CORPORATIONS

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	14 DEC -1 PM 1: 25	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were suf	pted 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 i	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ado action was not required.	pted 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	
Dated 11/25/20	14	
Signature	(Im Seil Slesser)	
selected	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)	
	TIFfany Leih Glas6ow (Typed or printed name of person signing)	_
	President	
•	(Title of person signing)	