P140000320286

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SECRETARY OF STATE DIVISION OF CORPORATIONS

C.L. 14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JZ UNLIMITED INVESTMENTS INC DOCUMENT NUMBER: P14000020286

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHNNY CORDOVA

Name of Contact Person

JZ UNLIMITED INVESTMENTS INC

Firm/ Company

4045 NE 15 ST

Address

HOMESTEAD, FL 33033

City/ State and Zip Code

JOHNNYCORDOVA@JZVACATIONS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHNNY CORDOVA

4,786 718-8204

Name of Contact Person

Area Code & 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)

□\$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



JZ UNLIMITED INVESTMENTS INC

14 DEC 11 AM11: 42

P14000020286	Florida Dept. of State)	
		
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, the ts Articles of Incorporation:	is <i>Florida Profit Corporatio</i>	n adopts the following amendme
a. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation. 3. Enter new principal office address, if applicable:	"Co". A professional cor	orporated" or the abbreviation poration name must contain the
Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	
If amending the registered agent and/or registered office ac new registered agent and/or the new registered office address.		name of the
Name of New Registered Agent N/A		
N/A		_
NI/A	street address)	
New Registered Office Address: IN/A (Ci	ryl Flor	rida(Zip Code)
	· / /	/

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)	<u>Title</u>	Name	<u>Addres</u> s			
1) Change	VP	ZUNEYKY CORDOVA	4045 NE 15 ST			
Add			HOMESTEAD, FL 33033			
Remove						
2) Change	VP	EXEQUIEL A. MARTIN	11436 W Okeechobee RD			
Add			Hialeah Gardens, FI 33018			
Remove						
3) Change	N/A	N/A	N/A			
Add						
Remove						
4) Change	N/A	N/A	N/A			
Add						
Remove						
5) Change	N/A	N/A	N/A			
Add						
Remove						
6) Change	N/A	N/A	N/A			
Add						
Remove						

(Attach additional sheets, if necessary).	(Be specific)
	(F 99
111	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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		FILE SECRETARY DIVISION OF CO	OF STATE	
The date of each amendment	• —	DIVISION OF U	RPURATIONS	, if other than the
date this document was signed			144 CL- L-2	
Effective date if applicable:	12/03/14	14 DEC 11	AH 11 · 42	
	(no m	ore than 90 days after amendmen	t file date)	_
Adoption of Amendment(s)	(CHECK O	NE)		
The amendment(s) was/we by the shareholders was/w		lders. The number of votes cast foll.	or the amendment(s)	
		olders through voting groups. The entitled to vote separately on the a		
"The number of votes	s cast for the amendment(s) was/were sufficient for approva	1	•
by			**	
,	(voting gro	up)	-	
action was not required.		f directors without shareholder action action action is		
action was not required.				
Dated_12/0)3/2014			
Signature	Doleug	Conduces		
(I		other officer – if directors or officer – if in the hands of a receiver, trafiduciary)		
	JOHNNY COR	DOVA		
	(Typed or printed name of person s	igning)	
	PRESIDENT			
		(Title of person signing)		