P14000031540

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JD & ASSOCIATE	ES ASSET MANAGEMEN	T INC	
	BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	WAYSMAN, JONATHAN I)		
		Name of Contact Person		
	JD & ASSOCIATES ASSET	MANAGEMENT INC		
		Firm/ Company	•	
	3300 Henderson Blvd. #206-	A		
		Address		
	Tampa, FL 33609			
		City/ State and Zip Code	2	
yoni	waysman@gmail.com		/	
·	= = =	sed for future annual report		
For further information	on concerning this matter, pleas	se call:		
Eli Hertz		at (939-3627 de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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 to Articles of Incorporation of

JD & ASSOCIATES ASSET MANAGE	MENT INC				
(Name o	f Corporation as curren	tly filed with the Florid	da Dept. of State)		
P14000031540					
	(Document Number	of Corporation (if know	n)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corpor	ation adopts the follo	wing amendme	nt(s) to
A. If amending name, enter the new na	me of the corporation:				
NA				The new	
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional	'incorporated" or the corporation name m	e abbreviation ust contain the	
B. Enter new principal office address,	NA				
(Principal office address MUST BE A S	TREET ADDRESS)				
		 -		<u> </u>	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	NA	<u> </u>	5 - F	η =	
			:		74
				$\frac{1}{2}$ ω	Ú.
D. If amending the registered agent an new registered agent and/or the new	d/or registered office ac w registered office addr	ldress in Florida, enter ess:	the name of the	2 -	
No. ON the Production of America	NA				
Name of New Registered Agent					
	/Ela-ida	street address)	. <u>-</u>		
	NA	siret time essy			
New Registered Office Address:		(City)	, Florida	(Zip Code)	
		(Cii))		(Infr Come)	
New Registered Agent's Signature, if o	hanging Registered Age	ent:			
I hereby accept the appointment as regis.	tered agent. I am familie	ar with and accept the ob	bligations of the posit	ion.	
	Signature of No	w Registered Agent, if ch			

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>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Jonathan Doron	3300 Henderson Blvd
X Add			Suite 206A
Remove			Tampa, FL 33609
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addi	tional sheets,	additional A., if necessary,). (Be spe	cific)				
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		ides for an e		alassifiaati	on or concel	lation of issu	ed chares	
. <u>11 an amen</u> provision	s for implen	nenting the a	mendment	if not conta	ined in the a	mendment it	self:	
(if no	ı applicable.	indicate N/A))					
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. 08/08/2017 The date of each amendment(s) adoption:	if other than th
The date of each amendment(s) adoption:	, 11 011101 111111 11
Effective date if applicable:	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
08/08/2017	
Dated	
Signature	_
(By addrected president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Jonathan Doron	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	