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Division of Corporations

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EEE COR AMND/RESTATE/CORRECT OR O/D RESIGN €D JAM ISLE IMPORTS AND EXPORTS INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	TION: JAM 3	TSLE	IMPORT.	S AND EXPORTS	Tuc
DOCUMENT NUMBE	R: P1500	000 30	083		
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corresp	ondence concerning this m	atter to the	following:		
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For further information concerning this matter, please call:					
SHEREGA	SMITH		at (952+	965-232	4_
Name of	Contact Person		Area Cod	o & Daytime Telephone Num	per
Enclosed is a check for t	he following amount made	payable to	•	rment of State:	ļ
S35 Filing Fee	□\$43.75 Filing Fee & Cortificate of Status	Certi (Add		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address		Street A		}
	dment Section			nent Section	İ
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building					
Tallabassee, FL 32314			2661 Executive Center Circle		

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Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JAM ISLE IMPORTS AND EXPORTS IN	10		
(Name of Corporation as currently filed with the Florida Dept. of State)			
P15000036083			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Plorida Profit Corporation</i> adopts the fits Articles of Incorporation:	Howing amendme	mt(s) to	
A. If amending name, enter the new name of the corporation:			
JAM CARIB IMPORT EXPORT INC	The nou	,	
nome must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."	the abbreviation must contain the	; .	
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)			
D. If amending the registered agent and/or registered affice address in Florida, enter the name of the			
new registered amout and/or the new registered office address:	<u> </u>		
Name of New Registered Agent			
	<u> </u>		
(Florida street address)		.`	
New Registered Office Address: 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 po	şition.		
South	49	15	
Signature of New Registered Agent, if changing	AHASSEE, FI	15 MAY -7 AH	FILED
Page 1 of 4	STATE ORID,	7: 19	

If amending the Officers and/or Directors, enter the title and name of each officer/director being remonderess 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 = Sacretary; D = Director; TR = Trustee; C = Chairma Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as Ja Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example:				n or Clerk; CEO = Chief first letter of each office is listed as the V. There is	
X Change	<u>PT</u>	John Dos			
X Remove	Y	Mike Jones			
_X Add	<u>SV</u>	Sally Sn	!		
Type of Action (Check Oge)	Tirle		Name	<u>Addres</u> :	
l)Change		<u></u>			-
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date (f applicable:	
(no more than 90 days af	ter amandment file data)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	utory filing requirements, this data will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(6)
The amendment(s) was/were approved by the shareholders through voti must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient	ent for approval
by(voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without share action was not required.	sholder action and sharebolder
Signature Smrth	
Signature (By a director, president or other officer – if d selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
SHEREEN SA	0177
SHEREGY SY (Typed or printed name of	person signing)
PRESIDE	FAT
(Title of person	

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