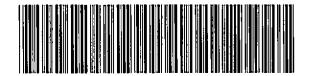
P1500036083

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,,
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

Office Use Only



200314891622

06/29/18--01017--025 **35.00

THE JUN 29 PM 4: 2:

SECRETARY OF STATE
AND ARREST FLORID

JUL 0 3 2018 S. YOUNG



June 19, 2018

AMIN MILLER JAM CARIB IMPORT EXPORT INC 3521 NW 19 STREET LAUDERDALE LAKES, FL 33311

SUBJECT: JAM CARIB IMPORT EXPORT INC

Ref. Number: P15000036083

We have received your document for JAM CARIB IMPORT EXPORT INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 718A00012698

Shelia H Young Regulatory Specialist II

www.sunbiz.org

Division of the population of

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORA	TION:JAM C	JAM CARIB IMPORT EXPORT INC			
DOCUMENT NUMBE	R:P15000	P15000036083			
The enclosed Articles of					
Please return all correspo	ondence concerning this ma	tter to the following:			
		AMIN MILLER			
_	Name of Contact Person				
	JAM CARIB IMPORT EXPORT INC				
_	Firm/ Company				
		3521 NW 19 STREET			
	Address				
	LAUDERDALE LAKES, FL 33311				
_	City/ State and Zip Code				
	JAMCARIB5@GMAIL.COM				
	E-mail address: (to be u	sed for future annual report		- 33 TO 5	
				E PH	
For further information c	oncerning this matter, plea	se call:		18 JUN 18 PM 4: 21 18 JUN 18 PM 4: 21 TALLAHASSEE: 11 POPUL	
SHEREEN SMITH		954 at (696-0442	业 2	
Name of Contact Person			ode & Daytime Telephone Numb	per	
Enclosed is a check for the	ne 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		Ameno Divisio Clifton	Address Iment Section on of Corporations i Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

JAM CARIB IMPORT EXPORT INC

(Name of Corporation as currently	ly filed with the Florida Dept. of State)
P1500003	6083
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ALC 8
	29
C. Enter new mailing address, if applicable:	THE TO LET
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	D
D. If a manding the registered agent and/or registered office add	ress in Elizable autorate roma of the
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	vet 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 v	
	· · · · · · · · · · · · · · · · · · ·
	N
Signature of New R	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	PT Jo	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	SHEREEN SMITH	8126 N SAVANNAH CIRCLE
Add X Remove			DAVIE, FL 33328
2) Change	P	AMIN MILLER	8126 N SAVANNAH CIRCLE
X Add			DAVIE, FL 33328
Remove 3) Change	٧	TRISHA MILLER	5211 SW 82 AVENUE
Add X Remove			MIRAMAR, FL 33025
4) Change Add			
Remove 5) Change Add			
Remove			
6) Change Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
·	
<u> </u>	
	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(у погаррисате, такие кл.ч)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
 The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 	
JUNE 5, 2018 Dated Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
AMIN MILLER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	