P15000038795

(Re	equestor's Name)	
(Ad	ldress)	_
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: JUST SHIP CORP			
DOCUMENT NUMBE				
	Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
		EDWARD A MEJIA		
_	Name of Contact Person			
	TAX BUREAU SERVICE CORP			
_	Firm/ Company			
	9554 NW 41TH ST			
_	Address			
<u>-</u> -	DORAL FL 33178			
		City/ State and Zip Code	е	
	I	EDMEJIA@TBSTAX.NET	,	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
EDWARD MEJIA		at (_646	9964212	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	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)	
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

	JUST SHI	P CORP		
(Name o	of Corporation as currently	y filed with the Florida De	ept. of State)	•••
	P15000	0038795		
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation	adopts the following an	nendment(s) t
A. If amending name, enter the new na	ame of the corporation:			
			Th	e new 🛁
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional association. B. Enter new principal office address,	nation "Corp." "Inc." or "C ation," or the abbreviation "I	Co". A professional corp	rporated" or the abbre	viátión 🕳
(Principal office address MUST BE A S				119
			 .	—_⊃.ഗ.
				<u> </u>
C. Enter new mailing address, if applications (Mailing address MAY BE A POST				
D. If amending the registered agent an	ıd/or registered office addr	ess in Florida, enter the n	iame of the	
new registered agent and/or the ne				
Name of New Registered Agent	TAX BUREAU SERVICE	CORP		
Hime of the Hegistered rigen	9554 NW 41TH ST			
	(Florida stre	eat address)		
	DORAL	cer addiress)	33178	
New Registered Office Address:		(0)	, Florida	
	1	(City)	(Zip Code	7
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			ions of the position.	
	A			
	Signature of New R	egistered Agent, if changing	ng .	
	\			

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>	Address
1) Change	V	GINNETTE TUNON	8631 NW 4 TERRACE NUM 1
X Add			MIAMI FL 33126
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament is not contained in the anichangity inserts

The date of each amendment(s) adoption:	other than the
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 date will not be document's effective date on the Department of State's records.	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(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	
☐ 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.	
Dated Sept 24th 2015	
Signature & Grunette Linou (By a director, 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)	
(Typed or printed name of person signing)	
Coranette Tuncia (Title of person signing)	