## P15000054521

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: JR VETERAN SER	RVICES INC					
DOCUMENT NUMBER: P15000054521						
The enclosed Articles of Amendment and fee are sul	bmitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
ROSELI DUARTE RODRIG	UES					
-	Name of Contact Person					
JR VETERAN SERVICES IN	JR VETERAN SERVICES INC					
	Firm/ Company					
5451 GINGER COVE DR AI	PT A					
	Address					
TAMPA, FL 33634						
	City/ State and Zip Code					
RRDUAR@YAHOO.COM						
E-mail address: (to be us	ed for future annual report notification)					
For further information concerning this matter, pleas	e call:					
ROSELI DUARTE RODRIGUES	at (813 ) 400-4946					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made p	payable to the Florida Department of State:					
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 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	Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

## Articles of Amendment to Articles of Incorporation of

to

## JR VETERAN SERVICES INC

	filed with the Florida Dept. of State)
P15000054521	
(Document Number of C	Lorporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". 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> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address	ss in Florida enter the name of the
new registered agent and/or the new registered office address:	so in Provida, enter the name of the
Name of New Registered Agent	
(Florida stree	1 address)
New Registered Office Address:	, Florida
(C	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Signatura of Nayı Par	ristored 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	JAMILSON M CONCEICAO	5451 GINGER COVE DR
xxx Add			APT A
Remove			TAMPA, FL 33634
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if nec	cessary). (Be	enter change(s) specific)			
		<del></del>			<del></del> -
		-			
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an amendment provides for rovisions for implementing (if not applicable, indicate	the amendmen	<u>reclassification</u> nt if not contain	or cancellation of ed in the amendme	issued shares, ent itself:	

The date of each amendment(s) adoption:	, if 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 dat document's effective date on the Department of State's records.	e 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(s by the shareholders was/were sufficient for approval.	)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"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 shareholde action was not required.	r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated : 06/10/15	
Signature	
(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)	
Kosel Duarte Koding	us
(Typed or printed name of person signing)	
Yruside nt	
(Title of person signing)	