P15000060641

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COVER LETTER

NAME OF CORPORATION: ___ P15000060641 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: R. PATRICIA FINCHELMAN
Name of Contact Person JOYKA CORP 18671 COLLING AVE # 2301 SUNNY ISLES FL 33160
City/ State and Zip Code anny @ fannymolad.com
address: (to be used for future annual report notification) For further information concerning this matter, please call: R. PATRICIA FINCHELMAN at (305) 244-5272

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

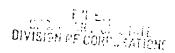
TO: Amendment Section

Division of Corporations

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



JOYKA	CORP	16 FEB -2 PM 3: 25
(Name of Corporation as cu	rrently filed with t	he Florida Dept. of State)
P150000		
(Document Nur	nber of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Prof</i>	it Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	o n:	
4114		en.
name must be distinguishable and contain the word corpe "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbrevia	" or "Co". A prof	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		<i>Y A</i>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1/A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		a, enter the name of the
Name of New Registered Agent	NA	* ** · · · · · · · · · · · · · · · · ·
(Flor	rida street address)	
New Registered Office Address:	NA	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A l hereby accept the appointment as registered agent. I am fam		pt the obligations of the position.
Signature of I	New Registered Age	ent, 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	Address
1) Change	D	JOANNA SHARON MOLAD FINCHELMAN	18671 COLLINS AVE \$2301 SUNNY IGLES , FL 33160
Add		1100119 1170-11-1177	
2) Change		~ N/A	
Add		1.	
3) Change	<u></u>	NA	
Remove			
4)Change		- W/A-	
Add			
5) Change		NA	
Add Remove		1	
6) Change			
Add		` /	
Damaria			

	ending or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
•		
	NA	· · · · · · · · · · · · · · · · · · ·
	, ,,,	
		
		
an ar	mendment provides for an exchange, reclassification, or can	cellation of issued shares,
rovisi	sions for implementing the amendment if not contained in the	e amendment itself:
(if	if not applicable, indicate N/A)	
	j	
	41 / 1	
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	/V 7	
•	/V 7) -	, , , , , , , , , , , , , , , , , , , ,
	/ 11	
	/V 71	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	POST OF THE
Effective date <u>if applicable</u> :	DIVISION : FCERT C SATIONS
(no more than 90 days after amendment file date)	16 FEB -2 PM 3: 25
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amenda by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following so 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	
Dated JANUARY 5th 2016	
Signature	
(By a director, president of other officer - if directors or officers have not selected, by an incorporator if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	Court
FINCHELMAN, Fani Silvia (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	