P15000082880

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COVER LETTER .

Division of Corp	porations			
NAME OF CORPO	PRATION: JGLG INC			
DOCUMENT NUM	IBER: P15000082880	_		
	s of Amendment and fee are sub	mitted for filing.		
	espondence concerning this mat			
i lease return air corr	osponaciios concerning illo illo			
	GARY KICKERY			
		Name of Contact Person		
	JGLG INC			
		Firm/ Company		
	4200 CANTERBERRY DR			
		Address	-	
	HOLIDAY, FL 34691			
		City/ State and Zip Code		
	GKICKERY@HOTMAIL.CO	DM .		
	E-mail address: (to be us	ed for future annual report r	otification)	
				022
For further informati	ion concerning this matter, pleas	e call:		
GARY KICKERY		at (413) 841-5857	2022 JUN 14 Pm
Nam	e of Contact Person	Area Cod	e & Daytime Telephone Nu	mber -0
Enclosed is a check	for the following amount made p	payable to the Florida Depar	tment of State:	- UI
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	m ₁ or
М	ailing Address	Street A	Address	

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JGLG INC				
(Name o	of Corporation as currently	filed with the Florida Dept. of State)		
P15000082880				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the fo	llowing amendment(s) to	
A. If amending name, enter the new n.	ame of the corporation:			
			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain association,"	Corp," "Inc," or "Co". A	mpany," or "incorporated" or the abbr professional corporation name must	eviation "Corp.,"	
* *		4200 CANTERBERRY DR		
B. Enter new principal office address, (Principal office address MUST BE A S		HOLIDAY, FL 34691		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	<u>cable:</u> OFFICE BOX)	4200 CANTERBERRY DR	E 2022 J	
(maning analysis <u>majar 22 ji i sos</u>		HOLIDAY, FL 34691	- 1	
			* 1.41	
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office addre w registered office address:	ss in Florida, enter the name of the	جر المراج المراجع المراجع	
Name of New Registered Agent	GARY KICKERY		(4)	
Nume of New Negasierea rigen	4200 CANTERBERRY DR			
	(Florida stre	et address)		
V	HOLIDAY	, Florida	34691	
New Registered Office Address:	(1	City)	(Zip Code)	
New Registered Agent's Signature, if a I hereby accept the appointment as regis	hanging Registered Agent: tered agent. Lam familiar w	ith and accept the obligations of the po:	sition.	
Thereby accept the appointment as region		1		
	1/2 /	1		
	MUMANIE	in and death of the series		
1	Signature of New Re	gistered Agent, if changing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>M</u>	fike Jones	
X Add	<u>şv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PT	LISA TAMPLIN	1333 KINSMERE DR
Add			NEW PORT RICHEY, FL 34655
Remove 2) Change	PT	GARY KICKERY	4200 CANTERBERRY DR
X Add			HOLIDAY, FL 34691
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove		•	

(Attach additional sheets NOT APPLICABLE	, ij necessary). (De s	pecificy			
					
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			<u></u>		
F. If an amendment prov	idaa far an ayahanga	raclussification o	r cancellation of i	ssued shares.	
provisions for implem	nenting the amendme	nt if not contained	in the amendmen	nt itself:	
(if not applicable,	indicate N/A)				
NOT APPLICABLE					_

The date of each amendment(s) adont	on:, 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 document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as the nent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
☐ The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
	he amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
Dated	9/2022
Signature(By Adirect	or, president of other officer if directors or officers have not been an incorporator - if in the hands of a receiver, trustee, or other court
	iduciary by that fiduciary)
GA	RY KICKERY
	(Typed or printed name of person signing)
ng	SIDENT