

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations JOORY INC. NAME OF CORPORATION: P15000088759 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Felicia S. Ali Name of Contact Person Joory Inc. Firm/ Company 4290 SW 141st ave Address Miramar, FL 33027 City/ State and Zip Code Feliciasali@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Felicia S. Ali Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

FILED

## Articles of Amendment to Articles of Incorporation of

17 OCT 23 PM 1: 36

 SECRETARY OF SEME TABLAHASSEF FEORIDA

Joory Inc.	WELVERGER ( COMP.)
(Name of Corporat	tion as currently filed with the Florida Dept. of State)
(Docum	ment Number of Corporation (if known)
tursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the c	corporation;
	The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2X</u> )
O. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the office address:
Name of New Registered Agent	<del></del>
<u></u>	(Florida street address)
	(1 With Sireer address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered agent.	gistered Agent:  I am familiar with and accept the obligations of the position:
, and the second	
<del></del>	
Sign	nature of New 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	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Şmith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l)Change	CEO	Felicia Aaron	1946 W. Silver Springs Blvd
X Add			Ocala, FL 34475
Remove			
2) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			· - <del></del>
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Remove			
6) Change			
Add			
Remove			

Attach additiona	adding additional Articles, enter chall sheets, if necessary). (Be specific)	nge(s) here:		
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provisions for i	t provides for an exchange, reclassif mplementing the amendment if not cable, indicate N/A)	ication, or cancellation of contained in the amendme	issued shares, nt itself:	
_ <del>_</del>				
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	10/18/2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	•	<del></del>
	/18/2017	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the umendment(s):	ment
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	,,	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
	(voining g. vinp)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were ac action was not required.	Sopted by the incorporators without shareholder action and shareholder	
10/18/201	7	
Dated Signature	Felicia D. A.	
` '	director, president or other officer - if directors or officers have not bee	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other co	urt
appoi	nted fiduciary by that fiduciary)	
	Felicia S. Ali	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	<del></del>