P16000072525

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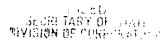
C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JUST HALT COR	P		
DOCUMENT NUM	BER: P16000072525			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	JAMYE ROYSTER			
		Name of Contact Person	1	
	JUST HALT CORP			
	Firm/ Company			
4439 OLD WINTER GARDEN RD SUITE B				
		Address		
	ORLANDO, FL 32811			
		City/ State and Zip Cod	e	
JAM	YE_JUSTHALT@OUTLOOF	C.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call: at (⁴⁰⁷	955-4883	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made			
\$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)	
Mailing Address		Street Address		
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		
Tantanassee, 1 to 52514		Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of



JUST	HALT	CORP
		COLU

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(Name	of Corporation as curren	tly filed with the Florida Dept. of State)
P16000072525		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,	if annlicables	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appl	icable:	
(Mailing address MAY BE A POST		N/A
D. If amending the registered agent an		
new registered agent and/or the new		<u>ss:</u>
Name of New Registered Agent	N/A	
	N/A	
	(Florida :	street address)
New Registered Office Address:	N/A	. Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c		<u>nt:</u> r with and accept the obligations of the position.
Thereby accept the appointment as regist	erea agem. Tam jamusa	with and accept the obligations of the position.
	Signature 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 <math>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>	Name	<u>Addres</u> s
1) X Change	PCEO	JAMYE ROYSTER	2299 S KIRKMAN RD APT 338
Add			ORLANDO FL 32811
Remove			
2) X Change	<u>v</u>	STERLE SCOTT	534 MOURNING DOVE CIR
Add			LAKE MARY FL 32746
Remove			
3) Change			
Add			
Remove			
4) Change		_	4 M M M M M M M M M M M M M M M M M M M
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	.		
Remove			
REHIOVE			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

The date of each amendment(s) add	option:	, if o	ther than the
date this document was signed.			
01/19 Effective date <u>if applicable</u> : '	/2017 ·	ANASAS OD 30 MOIFIVIP	OF SIMIL BUORALIO
	(no more than 90 days after amendment file date)	2017 JAN 23	PM 1:52
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	is date will not be	listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendm ficient for approval.	ent(s)	
	oved by the shareholders through voting groups. The following stach voting group entitled to vote separately on the amendment(s):		
"The number of votes cast for	or the amendment(s) was/were sufficient for approval		
by	,,		
	(voting group)		
☐ The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder	nolder	
☐ The amendment(s) was/were adopt action was not required.	oted by the incorporators without shareholder action and shareholder	er	
01/19/2017 Dated	emere levite		
(By a disselected	rector, president or other officer – if directors or officers have not b, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)		
J	AMYE ROYSTER		
-	(Typed or printed name of person signing)		
1	President, Chief Executive Officer		
_	(Title of person signing)		