P160000084163

| (Requestor's Name) | 44 |
|--|------|
| (Address) | 900 |
| (Address) (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 12/1 |
| (Business Entity Name) | 12/1 |
| (Document Number) Certified Copies Certificates of Status | |
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ZOIG DEC -7 PH 3: 16
SECRETARY OF STATE
ANT AHASSEEL FLORIDA

Amend

DEC - 8 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: JCN STONEWOR | KS, INC. | |
|-------------------------|--|--|---|
| DOCUMENT NUMI | D16000094763 | | ···· |
| The enclosed Articles | of Amendment and fee are su | ibmitted for filing. | |
| Please return all corre | spondence concerning this ma | tter to the following: | |
| | JENNETTE REYES | | |
| | | Name of Contact Person | n |
| | JCN STONEWORKS, INC. | | |
| | | Firm/ Company | |
| | 21991 SW 126 AVENUE | | |
| | | Address | |
| | MIAMI, FL. 33170 | | |
| | | City/ State and Zip Cod | e |
| JNET | 129@YAHOO.COM | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| | | | |
| For further information | n concerning this matter, pleas | se call: | |
| JENNETTE REYES | | 786 | 454-6301 |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | artment of State: |
| \$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) |
| Amo Divi P.O. | ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314 | Amend Divisio Clifton 2661 E | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |



December 5, 2016

JENNETTE REYES JCN STONEOWORKS, INC. 21991 SW 126 AVENUE MIAMI, FL 33170

SUBJECT: JCN STONEWORKS, INC.

Ref. Number: P16000084763

We have received your document for JCN STONEWORKS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Florida Profit Corporation. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 316A00025753

16 DEC -7 PM 3: 28
DESTABLISHED

Articles of Amendment to Articles of Incorporation of

| JCN STONEWORKS, INC. | | |
|--|--|---|
| (Name of Corporation | on as currently filed with the Flor | ida Dept. of State) |
| P16000084763 | | |
| (Docum | nent Number of Corporation (if know | wn) |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | a Statutes, this <i>Florida Profit Corpo</i> | ration adopts the following amendment(s) to |
| A. If amending name, enter the new name of the co | orporation: | The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d | " "Inc," or "Co". A professional | "incorporated" or the abbreviation |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u> | | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u> | <u>x</u>) | 2016 DEC -7 I |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of | | the name of the |
| Name of New Registered Agent | N A | |
| | (Florida street address) | |
| New Registered Office Address: | 7-7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. | | oligations of the position. |
| Signa | uture of New Revistered Avent, if ch | anving |

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 | <u>Name</u> | <u>Addres</u> s | |
| 1) Change | <u>v</u> | JUAN CARLOS NIEVES | 21991 SW 126 AVENUE | |
| X Add | | | MIAMI, FL. 33170 | |
| Remove | | | *************************************** | |
| 2) Change | No. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | A M | | |
| Add | | | | |
| Remove | | 1. | | |
| 3) Change | | N A | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | NA | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | NA NA | | |
| Add | | · | | |
| Remove | | | | |
| 6) Change | ************* | NA | | |
| Add | | · | ************************************** | |
| Remove | | | | |

| | or adding additional Art ional sheets, if necessary). | (Be specific) | | | |
|---------------------|---|---|--|---------------------------------------|--|
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| fan amand | ment provides for an excl | nange, reclassific | ation, or cancellatior | of issued shares | ı |
| i au auithu | for implementing the ame upplicable, indicate N/A) | endment if not co | ntained in the amend | lment itself: | |
| provisions 1 | Phicavie, maicaie WA) | K i | 1. | | |
| <u>provisions i</u> | | | 1 N | | |
| <u>provisions i</u> | | <u> </u> | A | | |
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| <u>provisions i</u> | | <u>N</u> | A | | |
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| provisions 1 | | <u>IN</u> | I A | | |
| provisions 1 | | IN . | Į A | | |

| The date of each amendment date this document was signed. | ,, |
|--|---|
| - | 12/05/2016 |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| | this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| ☐ The amendment(s) was/wer by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statement and 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/wer action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wer action was not required. | e adopted by the incorporators without shareholder action and shareholder |
| 12/05/ Dated | 2016 |
| Signature | |
| | y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court |
| | opointed fiduciary by that fiduciary) |
| | JENNETTE REYES |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person cigning) |