P17000003453

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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CJR FAMILY INV	VESTMENTS, INC.		
DOCUMENT NUMI				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	CLARENCE J. REDMON, J	R.		
		Name of Contact Person	n	
	CJR PRIVATE INVESTME	NTS, INC.		
		Firm/ Company		
	40 GRAND RAVINE DRIV			
		Address		
	ST. AUGUSTINE, FL 32086	5		
		City/ State and Zip Cod	e	
JOHN	N@CJRSALESANDDISTRIE	BUTING.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
	n concerning this matter, pleas	se call:		
RICHARD R. DAY		at (823-5622	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	urtment 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)	
	ling Address		Address	
	endment Section sion of Corporations		lment Section on of Corporations	
	Box 6327			
	ahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
1,411		Tallahassee, FL 32301		

Articles of Amendment to **Articles of Incorporation** of

CJR FAMILY INVESTMENTS, INC.			
	_	_	

CJR FAMILY INVESTMENTS, INC.			
(<u>Name of Corporati</u>	ion as currently filed with the Flori	da Dept. of State)	
P17000002453			
(Docur	ment Number of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	a Statutes, this Florida Profit Corpor	ration adopts the following amendmer	ıt(s) i
A. If amending name, enter the new name of the co	orporation:		
CJR PRIVATE INVESTMENTS, INC.		The new	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professional	"incorporated" or the abbreviation	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)			
11	20100)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
TS 10 11 11 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
 If amending the registered agent and/or registered new registered agent and/or the new registered 		the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg	vistared Agent		
I hereby accept the appointment as registered agent.	I am familiar with and accept the ob	ligations of the position.	٠.
		TAL SE	<u>.</u>
		CRA	è
Sign	nature of New Registered Agent, if ch	anging ARE JAN 23	-
		SEC. W	
		THE TO G	
		15: 15: 15: 15: 15: 15: 15: 15: 15: 15:	

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.

X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>nes</u>		
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change		_			
Add					
Remove				*	
2) Change		_			
Add					
Remove					
3) Change					
Add					
Remove					·
4) Change					
Add					· · · · · · · · · · · · · · · · · · ·
Remove					
5) Change		_			
Add					
Remove					
O Charac				-1	
6) Change					
Add					
Remove					

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

	01/12/2017	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	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)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	rment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	lder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
01/12/20 Dated	Venera M. Jahan A	
(By a select	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	en ourt
	CLARENCE J. REDMON, JR.	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	