## Phobago

Office Use Only

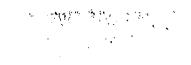


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JUL 03 2017 S. YOUNG

17 JUN 26 PN 3: 16



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: JUJIDOSHA TACCO						
DOCUMENT NUMBER: \$\frac{\rho_{17000027201}}{}						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
william J. MOLOCCU						
Name of Contact Person						
JINJIDOSHA INC						
Firm/ Company						
JINJIDOSHA INCI Firm/Company 4f9/ NW 103 LD AUE # UH						
SUN MISE F1 33351						
City/ State and Zip Code						
WJMOROCCO RGMAIL. CUM						
WJMOROCCO Y CONAIL, CUN						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
william J MUNOCCU at 954, 687 - 2845						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment Section						

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## **Articles of Amendment Articles of Incorporation**

OI OI	
) MII BOSHA TUC.	
(Name of Corporation as currently fi	led with the Florida Dept. of State)
17000027201	
(Document Number of Co	orporation (if known)
tursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> s Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the corporation:	
	The new
ord "chartered," "professional association," or the abbreviation "P.A.  B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )  C. Enter new mailing address, if applicable:	1."
(Mailing address MAY BE A POST OFFICE BOX)	7
If amending the registered agent and/or registered office address	in Florida, enter the name of the
new registered agent and/or the new registered office address:	=, 17
Name of New Registered Agent ROBELT	CEVINE 5
Slojf lo	SAN CINCIES
New Registered Office Address: BOXNTON (Ci	SFACH . Florida $F(334)$ $=$

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of Med Registered Agent, if changing

SOME STATE OF THE STATE OF

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>John D</u>	oe		
X Remove	V Mike J	<u>ones</u>		
X Add	SV Sally S	mith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1)@hange	P	ROBELT	CEVIN	8618 COSANCIA BOYNTON BEALLY
Add				
Remove				+1 33472
2) Change	<u></u>	William	MoLocco	POMPANO BEACH F13306
Add				D 20 PO 1 1 P 5 1 / 1 - 5 1 7 5 1
Remove				TOMPHRO BEACH FISSOS
3) Change	<del></del>			
Add				
Remove				
4) Change				
Add				<del></del>
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Damova				

	mending or add ach additional si				(s) here:			
(	gi U.E	ROR	ENT	LE	ULLE	SITAL	) 0 F	<b>)</b>
(	Co 16101	(A 1/0	<i>·</i>	01	<u> </u>	S 17-17-1C	r)	
			188 101 11 21 2012 1011					
If aı	n amendment p	provides for a	n exchange	, reclassificat	ion, or cancel	lation of issued s	shares,	
		olementing th	e amendme			mendment itself		
						- (# t)		

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.  Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
$\frac{U/21/20/7}{}$	
Dated	_
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
PLESIDENT	
(Title of person signing)	