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TALEMISSIES TURBA

JUL 1 7 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:IEANIEJAME TR	EATS INC	
DOCUMENT NUMB	ER:		·
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
-	JEAN M JAMES		
-		Name of Contact Person	1
	JEANIEJAM TREATS INC		
-	·	Firm/ Company	
	1846 SW 102ND WAY	rane Company	
-	· · · · · · · · · · · · · · · · · · ·	Address	
i	MIRAMAR FL 33025		
-		City/ State and Zip Cod	· · · · · · · · · · · · · · · · · · ·
JEAN	IEJAM@HOTMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information JEAN M JAMES	concerning this matter, pleas	se call: 361 at (914-4173
Name o	f Contact Person		de & Daytime Telephone Number
	the following amount made		·
S35 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)
Ame Divis P.O.	ing Address Indiment Section Ission of Corporations Box 6327 Ihassee, FL 32314	Amenc Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

JEANIEJAM TREATS INC

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. o	f State)		
P17000035090					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adop	ts the following a	mendme	ent(s) to
A. If amending name, enter the new na	ame of the corporation:		40	,	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or	"Co". A professional corporatio	ted" or the abbi		i
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		16173 SW 9TH ST			
		PEMBROKE PINES FL 3302	27		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16173 SW 9TH ST			
		PEMBROKE PINES FL 3302	!7 ————		
D. If amending the registered agent at new registered agent and/or the ne			of the		
Name of New Registered Agent	YASMINE PIERRE		<u> </u>	7	
	16173 SW 9TH ST		4.5	三	;
	(Florida s	treet address)			
New Registered Office Address:	PEMBROKE PINES		3302 π		177
		(City)	(Zip Coo	မေး မေး နော	U
New Registered Agent's Signature, if c					
I hereby accept the appointment as regis.	mule	with and accept the obligations of Registered Agent, if changing	the position.		

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: <u>X</u> Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	P	JEAN M JAMES	1846 SW 102ND WAY		
Add			MIRAMAR FL 33025		
X Remove					
2) Change	p	YASMINE PIERRE	16173 SW 9TH ST		
X Add			PEMBROKE PINES FL 33027		
Remove					
3) Change		···	_		
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

If amending or addir	<u>ig additional Arti</u>	cies, enter change	(S) here:		
(Attach additional she	ets, if necessary).	(Be specific)			
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lf an amendment pro	wide for an arch	namas esslassifizat	dan ar cancallatic	n of icenad charac	
provisions for imple	monting the anse	adge, reclassificat	toinad in the amon	dmant itsalf:	
(if not applicable		nument a not com	tained in the amen	ument asen.	_
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Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement 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)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
07-12-2017 Dated	
Signature	(Jan
(By a d	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)
	JEAN M JAMES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)