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COVER LETTER

Division of Corporations
NAME OF CORPORATION: JKJB, INC.
DOCUMENT NUMBER: ? 170000 64 28 3
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: KNSH KUNSHLEW Name of Contact Person
Firm/Company Ab B vd. + 100 Address City/ State and Zip Code KUNSTLEY 820 GMail. Company E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Contact Person
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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

(Name of Corporation	n as currently i	iled with the FI	rida Dept. of S	tate)			
P170000 64283	.37 1 00						
(Docum	ent Number of C	orporation (if kn	. DWIL)				
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Fl	orida Profit Cor	oration adopts	the following	amendn	nent(s) to	
A. If amending name, enter the new name of the co	rporation:				_		
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the c	" "Inc," or "Co	". A profession	· "incorporated al corporation	" or the ab	The ne breviatio ontain th	on	
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADD</u>				**************************************		-	
						•	
•					-	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	X)			يَّهُ مَّ مِنْ إِنَّ الْمُوالِّينَ الْمُنْ الْمِنْ الْمُنْ الْمُنْ الْمُنْ الْمُنْ الْمِنْ الْمُنْ الْمُنْ الْمِنْ الْمِنْ الْمِنْ الْمُنْ الْمُنْ الْمِنْ الْمِنْ الْمُنْ الْمِنْ الْمِنْ الْمُنْ الْمُنْ الْمُنْ الْمُنْ الْمِنْ الْمُنْ الْمِنْ الْمُنْ الْمِنْ الْمُنْ الْمُنْ الْمُنْ الْمِنْ الْمِنْ الْمِنْ الْمُنْ الْمِنْ ال	007-	<u> </u>	
				<u> </u>	- 3 - 2 - 3	(1) (1) 	
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new		s in Florida, en	er the name of	the 2010	<u>မှ</u>	-	
Name of New Registered Agent					•		,
							•
	(Florida stree	t address)					
New Registered Office Address:			, Flor			-	
	K	Tity)		(Zip C	.oae)		
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>istered Agent:</u> I am familiar wi	th and accept the	e obligations of t	he position.			
		zistered Agent, ij					

If amending the Officers and/or Directors, enter the title and name of each officer/lirector 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)'ST 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	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	SY	Sally Smith	
Type of Action (Check One) 1) Change Add Remove	Title		Address 1314 E- Lau GlAS RIVA # 10 23301
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove		<u> </u>	

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) PROSE VENOVE THE EXTRA DVE MAT GIVE ISTER AS KNOTH KU LISTER IS THORS. Placed Ward as President and Kr As president	nstier Is nend John 1sty Kunstier
F. If an amendment provides for an exchange, reclassification, or cancellation of is	sued shares,
provisions for implementing the amendment if not contained in the amendmen (if not applicable, indicate N/A)	<u>Itself:</u>

the

the

The date of each amendment(s) adoption:	_, if other than
Effective date <u>if applicable</u> :	
Note: If the date inserted in this block does not meet the applicable statutory filing n quirements, this date will a document's effective date on the Department of State's records.	not be listed as
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)	
(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. Dated Dated O O O O Signature (By a director, president or other officer – if directors or off cers 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) (Title of person signing)	
(Title of person signing)	