

(Reque	stor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Cenificate	s of Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: J'Mart		огр
DOCUMENT NUMB	ER: <u>P17000098</u>	7392	,
The enclosed Articles of	f Amendment and fee are su	binitted for filling.	
Please return all corresp	nondence concerning this ma	tter to the following:	
	MariaFA	 Name of Contact Person 	· 1
-	Jmart (1	Eaners Corp Firm/Company	
	737 7	- 1	1e Apt 304
	Miam Bea		3 <i>9</i>
)	Thy state and zip Coo	
For further information	concerning this matter, pleas	se call:	
<u>Maria</u>	FAIrage Person	at (<u>2.5.2</u>	876 - 5063 de & Daytime Telephone Number
	the following amount made		, ,
№ \$35 Filling Fee	US43.75 Filing Fee & Certificate of Status	☐S43.75 Filling Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mail	ing Address	Street	Address

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

Articles of Amendment

to Articles of Incorporation

_	of	FILED
Smart C	Leaners Corp	
(Name of Corporal	ion as currently filed with the	Florida Dentarsmeb P 3.58
P 1700.	2098392	<u> </u>
(Docur	ment Number of Corporation (i	Fknown) FALLABALISCE FLUIDA
rsuant to the provisions of section 607,1006. Florid Articles of Incorporation:	a Statutes, this Florida Profit	Corporation adopts the following amendmen
If amending name, enter the new name of the co	orporation:	
		The new
me must be distinguishable and contain the wor Corp., " "Inc.," or Co.," or the designation "Corp. and "chartered," "professional association," or the	o, " "Inc, " or "Co". A profes	" or "invorporated" ar the abbreviation stional corporation name must contain the
Enter new principal office address, if applicable		
rincipal office address MUST BE A STREET AD	DRESS)	
	 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2 X 3	
(Walling dataress part has rost of rice by	<u>.</u> .	
	·	
If amending the registered agent and/or registered new registered agent and/or the new registered		, enter the name of the
Name of New Revisiered Avent		
	-	
	(Florida sirce) address)	
New Revistered Office Address:	•	. Florida
	(Chy)	(Zip Code)
to the second and the	-lataval 6	
w Registered Agent's Signature, if changing Re- nereby accept the appointment as registered agent.	Am familiar with and accep	t the obligations of the position.
	•	
	and the start of Manager December 2011	or if about two
21%	nature of New Registered Age	nc y enanging

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 Remove X Add SV Sally Smith Type of Action (Check One) Title Name Address Add Remove	
Type of Action Title Name Address (Check One) Change	
(Check One) 1) Change Add	
\dd	
Remove	
2) Change	
Add	
Remove	
3) Change	
Add	
Remove	
4) Change	
\dd	-
Remove	
3) Change	
Add	
Remove	
б) Change	
Remove	

f amending or adding a Attach additional sheets.			01/01/1	8
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		-		
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If an amendment provi provisions for implem (If not applicable,	enting the uniondrive	reclussification, or ex t if not contained in	incellation of issued shares, the amendment itself:	
				
				
	, <u> </u>	<u> </u>		
			 _	

The date of each amendment(s) adoption:
Effective date if applicable: 0110118 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
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.
Dated 12/20/17
Signature Mand of Thoras
(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)
MARIA T Aluarez (Typed or printed name of person signing)
President-
(Title of person signing)