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## COVER LETTER

TO: Amendment Section

Division of Corporations

JAR the Zero Waste Shop 2.7 NAME OF CORPORATION: \_\_\_\_\_ DOCUMENT NUMBER: ] The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Mauri Name of Contact Person Firm/ Company 3876 SE Dixie hwy Address Stuart, FL 34997 City/ State and Zip Code emilymauri@me.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Mauri Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee **□\$43.75** Filing Fee & **■**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

. JL					
	of Corporation as currently	filed with the Florida Dept. of State	)		
JAR the Zero Waste Shop """	(1				
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the f	ollowing	g amend	lment(s
A. If amending name, enter the new na	ame of the corporation:				
					iew
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc." or "C	Co". A professional corporation nam			
B. Enter new principal office address,	if applicable:	n/a			
(Principal office address MUST BE A ST					_
					_
		<del> </del>	<del></del>	_≌-	_
C. Enter new mailing address, if appli	cable:	n/a	A.C.	9 At	emeli e ta
(Mailing address MAY BE A POST (	OFFICE BOX)		<u> </u>	_ <u></u>	# [] — ====================================
			35. Co.	9	1
			[1]	70	_ ; ? . ]
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D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the name of the		9	
new registered agent and/or the nev					
Name of New Registered Agent	Michael Mauri				
	3876 SE Dixie Hwy			•	
	(Florida stre	et address)		-	
New Registered Office Address:	Stuart	, Florida_	34997		
New Negistered Office Madless.		City)	(Zip C	Code)	-
New Registered Agent's Signature, if cl					
I hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligations of the po	osition.		
	SHA				
	Signature of New Re	egistered Agent, if changing		,	

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Cl. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officel. 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 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u> P	<u>Name</u> Laura Holt	Address  6542 se windsong lane Stuart Florida 34997
1) Change	<u> </u>	TARRETTON	
X Remove			
2) Change	V	Brandi Kniep	tiS42 se windsong lane Stuart Florida 34947
Add Remove			
3 ) Change Add	Р	Michael Mauri — — — — — — — — — — — — — — — — — — —	5419 SE Horseshoe Point Road Stuart, FL 34997
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)  n/a	
	<del></del>
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<del></del>	
	_
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A) n/a	
11/4	

The date of each amendment(s) adoption:	, if other than
date this document was signed. 8/12/2019	
Effective date if applicable:	
(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, the document's effective date on the Department of State's records.	this date will 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 amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s 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 shar action was not required.	eholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.  8/12/2019	der
Dated	
Signature To 4	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)  Laura Holt	
LAURA FROM	
(Typed or printed name of person signing) President	
(Title of person signing)	