## PIS 000032104

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## **COVER LETTER**

TO: Amendment Sec Division of Corp			•
NAME OF CORPO	RATION: Campolong Enterp	rises Management Co.	
	BER: P18000032104		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Joseph J Campolong III		
		Name of Contact Pers	on
		Firm/ Company	
	8505 Beverly Lane		
	Saint Augustine, FL 32092	Address	
	- Sum Hugasting 1 is 520.7	City/ State and Zip Co	<del>de</del>
	Lynnecampolong@gmail.cor		
		sed for future annual repo	rt notification)
For further informatic	on concerning this matter, pleas	se call:	
Joseph J Campolong	ш	at (	424-9131 Code & Daytime Telephone Number
Name	of Contact Person	Area C	Ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida De	partment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Ame Divis The 2415	rt Address Indment Section Ition of Corporations Centre of Tallahassee In N. Monroe Street, Suite 810 Independent of the second

## Articles of Amendment to Articles of Incorporation of

Campolong Enterprises Management Co.		
(Name of Corporation as curren	tly filed with the Florida Dept. of Stat	<u>e</u> )
P18000032104		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
JJLMC Management Co.		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name mus	
B. Enter new principal office address, if applicable:	8505 Beverly Lane	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Saint Augustine, FL 32092	
		2071
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8505 Beverly Lane	2071 JAN 213
· · · · · · · · · · · · · · · · · · ·	Saint Augustine, FL 32092	
	<del></del>	<del></del>
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address		P) 12: 50
(Florida s	treet address)	
New Registered Office Address:	, Florida	(Zip Code)
	(City)	(гір сове)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the p	oosition.
Signature of New	Registered Agent, if changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change			# · · · ·		
Add					
Remove				4	
2) Change					
Add					
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add			_		
Remove					
6) Change					
Add		<u> </u>			
Add					

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·	
<del></del>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

•

	January 22, 2021
The date of each amendment(s)	adoption:, if other than the
date this document was signed.	
	nuary 1, 2021
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were a action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes ca	t for the amendment(s) was/were sufficient for approval
by	
	(voting group)
selec	
	Joseph J Campolong III
	(Typed or printed name of person signing)
	Director
	(Title of person signing)