P18000051494

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JAN 1 4 2020

S. YOUNG

TO: Amendment Section Division of Corporations JUST MAKINS DOCUMENT NUMBER: <u>P180000514-94</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LORI A. CUELLAR

Name of Contact Person 15060 SW 152 TERR.

Address

MIAMI / FL 33187

City/ State and Zip Code Loria tompkins a) 9 mail. com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>305</u>) <u>431-2904</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

☐ \$35 Filing Fee

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

□\$43.75 Filing Fee &

Certificate of Status

Street Address

■\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

□\$52.50 Filing Fee

Certificate of Status

Certified Copy (Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation of

JUST MAKIN'SA	AWDUST, INC.		
(Name of Corporation as currently	y filed with the Florida Dept. of St	ate)	
P18000051494		,	
(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts th	ne following	amendment(s) to
A. If amending name, enter the new name of the corporation:			
A/A			The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the a 1 professional corporation name m	abbreviation	"Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	~/A	·	 .
C. Enter new mailing address, if applicable:	~/A	7-	D
(Mailing address MAY BE A POST OFFICE BOX)	777	-	<u></u>
		•	
		· •	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		<u>he</u>	7: 11
Name of New Registered Agent LORI A. CUELLA	R		
SAME			
(Florida str	eet address)		
New Registered Office Address: SAME	, Florid		37
	(City)	(Zip Co	ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was signature of New Registered Agent.	E with and accept the obligations of the with and accept the obligations of the with an accept the obligations of the egisteries and accept the obligations of the ob	e 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 now the officer director title by the first letter of the office title:

 $P - President; V - Vice President; T - Treasurer; S = Secretary; D = Director; TR = Trustee; C - Chairman or Clerk; CEO <math>\circ$ Chief Executive Officer; CFO \circ 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	_T	LORI A. CUELLAR	15060 SW 152 TERR		
			MIAMI, FL 33127		
Remove					
2) Change					
Add					
Remove 3) Change		-			
Add					
Remove			des en lates de de Fille Pierre		
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		aua:			
Add					
Remove					
		Page 2 of 4			
E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
		\wedge'/A			

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provisions for implementing the amendment (if not applicable, indicate N/A)	th not contained in the amendment itsen:	
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		<u>.</u>
	Page 3 of 4	
	, į	
The date of each amendment(s) adoption:date this document was signed.	N/A	, if other than the
Effective date if applicable:	o 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 the document's effective date on the Department of State's records

Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were suf		The number of votes east for the amendment(s)
☐ The amendment(s) was/were approvided for e	roved by the shareholders each voting group entitle	through voting groups. The following statement I to vote separately on the amendment(s):
"The number of votes cast t	or the amendment(s) was	/were sufficient for approval
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of direc	ctors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators	without shareholder action and shareholder
Dated_/2_0	5/19	·
selected	rector, president or other l, by an incorporator – if ed fiduciary by that fiduc	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
	PEARY L. T	CMPKINS nted name of person signing)
	TRESIDENT (Title of person signing)	ned name (it person signing)