P18000068509

questor's Name)	
dress)	
dress)	
y/State/Zip/Phone	e #)
☐ WAIT	MAIL
siness Entity Nan	ne)
cument Number)	
_ Certificates	of Status
Filing Officer:	
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nan cument Number) Certificates

Office Use Only



800320990148

11/21/18--01008--009 **35.00



Amend

DEC 0 3 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: J & L Handy Wor	nen, Inc.			
DOCUMENT NUM	BER:				
	of Amendment and fee are su	abmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	Leslie M Lepore				
		Name of Contact Perso	n		
	J & L Handy Women, Inc.				
		Firm/ Company			
	4255 Orange Ave				
	Address				
	Sanford, FL 32773				
		City/ State and Zip Cod	e		
lestie	5399@hotmail.com				
	-	sed for future annual report	notification)		
			10.1114.11.011)		
For further informatio	n concerning this matter, plea	se call:			
Leslie M Lopore		at (949-7824		
Name of Contact Person Area Code & Daytime Telephone		de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

J & L Handy Women, Inc	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P18000068509	
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corp-	oration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abi	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered office. 	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at	m familiar with and accept the obligations of the position.
Signatui	re of New Registered Agent, if changing

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	VP	Jennifer N Davis	1190 Caruthers Woods Rd	
Add			Geneva, FL 32732	
X Remove				
2) Change	VP	Casic Matthews	341 West Fern Dr	
X Add			Orange City, FL 32763	
Remove				
3) Change	VP	Dawn Pratt	1445 Lake Dr	
X Add			Casselberry, FL 32707	
Remove				
4) Change				
Add				
Remove			 	
5) Change				
Add				
Remove				
6) Change				
Add	_ _	·		
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
 	
· · · · · · · · · · · · · · · · · · ·	
	
	
	
	
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)	
	

The day of a street of	November 7, 2018	if other than the
The date of each amendmen date this document was signed		, if other than the
and this document was signed	November 7, 2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	mber 7, 2018	
Dated(Signature	In Mapa	
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
	Leslie M Lepore	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	