## P180000 15532

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## COVER LETTER :

TO: Amendment Section Division of Corporations
NAME OF CORPORATION:  DOCUMENT NUMBER:  P18000075532
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  JANIE WESSE MAN, INC  Firm/ Company  2987 SE ORChid ST  Address  STUART F 34997  City/ State and Zip Code  [Aniewesse/man/a / Ahoo. com  E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:  Thic losse MAN at (772) 634-0448  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address/Street AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## Articles of Amendment

to

## Articles of Incorporation

of

JANI	e Wesselman Inc		
<u></u>	on as currently filed with the Florida Dept. of State)		
, Di	8000075532		
(Document)	nent Number of Corporation (if known)	·	
(Docum	ical Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the follow	ring amendme	ent(s) to
A. If amending name, enter the new name of the co	rporation:		
		The new	۲.
	d "corporation," "company," or "incorporated" or the " "Inc," or "Co". A professional corporation name mus abbreviation "P.A."		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X</u> )		
		10	- - , - ,
		<u> </u>	اس سد
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the	œ.	
new registered agent and/or the new registered		<b>声</b>	<u> 7</u> 9
		بیر ری	S
Name of New Registered Agent		—	西至
			$\mathcal{L}_{\mathcal{L}}$
	(Florida street address)		O)
New Registered Office Address:	, Florida		
	, Florida, (City) (Zi	ip Code)	
New Registered Agent's Signature, if changing Reg	istored Agent		
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position	า.	
		_	
Sign	ature 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 Doc	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change Add Remove	Title V	Silmmer Hewett	Address 2987 SEDRChi. STUART, F/3
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

Attach addition	adding additional Ar all sheets, if necessary).	(Be specific)			
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f an amendm	ent provides for an exc r implementing the am	change, reclassific	ation, or cancella	tion of issued shar	es,
(if not app	olicable, indicate N/A)	engniem n not co	manicu in the an	endment itsen.	
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The date of each amendment(s) adoption: $6-14-2019$	, if other than the
late this document was signed.	
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, this dateoument's effective date on the Department of State's records.	te will not be listed as the
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):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6-14-19	
Signature Signature	
(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 cour	7
appointed fiduciary by that fiduciary)	•
Summer Hewett	-
(Typed or printed name of person signing)	
Vice tresident	<del>-</del> 
(Title of person signing)	