P180000134

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: _JOEMON INC DOCUMENT NUMBER: P18000080734 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOEL OCASIO Name of Contact Person Firm/ Company 14019 ARBOR KNOLL CIR Address TAMPA, FL, 33625 City/ State and Zip Code wilmaristi@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 787-4388

Area Code & Daytime Telephone Number JOEL OCASIO 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

JOEMON INC			
(Name of Corporation as currently filed	with the Florida Dep	ot. of State)	_
P18000080734			
(Document Number of Cor	rporation (if known)		_
Pursuant to the provisions of section 607.1006, Florida Statist Articles of Incorporation:	atutes, this Florida Pro	ofit Corporation adopts the following	ing amendment(s) to
A. If amending name, enter the new name of the corpo	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 abb	"Inc," or "Co". A pr	any," or "incorporated" or the rofessional corporation name mus	abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		A CLASS	FILE
		- T	LED 13 M 9: 05
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.		rida, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	_
	(Cuy)	(Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an	n familiar with and acc		
Signature of New R	Registered Agent, if cha	anging	

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	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Atta	ach <i>additioi</i>	nal sheets.	if necessary	e). (Be sj	ter change pecific)				
									
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<u>f ar</u> pro	ovisions for	<u>r impleme</u>	les for an ex nting the ar adicate N/A)	<u>mendment</u>	eclassificat if not cont	ion, or cand ained in th	cellation of e amendme	issued share nt itself:	es,
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		<u> </u>			· 				
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	 			·					

The date of each amendments	(s) adoption: OCTOBER 15TH 2018	, if other than th
date this document was signed.		, it other than a
Effective date if applicable:	OCTOBER 15TH 2018	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
_{Dated} OCT	OBER 15TH 2018 7	
Signature	K'C: C00-0	
sel	y a director, president of other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	JOEL OCASIO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	