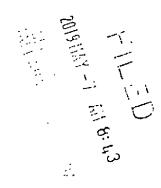
P19000022940

(F	Requestor's Name)	
(F	Address)	
(A	Address)	
(0	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	ne)
(0	Document Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

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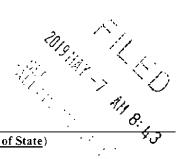
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: JLJ Importing, Inc		
	IBER: P19000022940		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corn	respondence concerning this ma	tter to the following:	
	Sabrina Dieguez		
		Name of Contact Persor	1
No.	Smith & Associates		
	•	Firm/ Company	
	709 S. Harbor City Blvd, Ste	540	is,
		Address	
	Melbourne, FL 32901		
		City/ State and Zip Code	2
hok	si@me.com		
	•	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Sabrina Dieguez		321	676-5555 de & Daytime Telephone Number
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 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)
Ai D P.	ailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio Clifton 266 E	Address ment Section on of Corporations Building xecutive Center Circle assec, FL 32301

Articles of Amendment Articles of Incorporation



JLJ IMPORTING, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000022940

(Document Number of Corporation (if known)

nent(s) to

its Articles of Incorporation:		
A. If amending name, enter the new name of the corporation	<u>n:</u>	
N/A	The	ne
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia	or "Co". A professional corporation name must contain	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent N/A		
(Flori	da street address)	
New Registered Office Address:	. Florida	
New Registered Office Address.	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam		
Signature of A	vew 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		John Doe	
X Remove		Mike Jones	
X Add		Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	P	JOSEPH C. STEELE	PO BOX 33970
Add			INDIALANTIC, FL 32903
X Remove			
2) X Change	PTD	LORI HALBERT	343 ORLANDO BOULEVARD
Add			INDIALANTIC, FL 32903
Remove			
3) X Change	VSD	JACE CHASTAIN	343 ORLANDO BOULEVARD
Add			INDIALANTIC, FL 32903
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		-	
Remove			
Charles Charles			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
∜A	
	
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	<u> </u>
•10.00	
If an amount more than the	1 to a second
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	
• •	

. .

The date of each amendment(s) adoption date this document was signed.	n:	_, if other than the
G	N/A	
Enective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Department	does not meet the applicable statutory filing requirements, this date will ent of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder	
DatedS lo	president or other officer – if directors or officers have not been	
selected, by a	, president or other officer – it directors or officers have not been n incorporator – if in the hands of a receiver, trustee, or other court uclary by that fiduciary)	
LORI	HALBERT	
	(Typed or printed name of person signing)	
PRES	IDEN'T/TREASURER	•
	(Title of person signing)	