P19000038850

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2019 JULY PH 2: 08

Amend

JUL 08 2019

ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: JUST JAMAICA GROW INC. DOCUMENT NUMBER: P1900038850
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tricia meyer
Name of Contact Person
·
45 N. Main St apt B
Three Rivers MI 49093
City/ State and Zip Code
trishie @ just jamaica group. com
E-mail address: (to be used for future animal report notification)
For further information concerning this matter, please call:
Tricia meyer =1,269, 506-6789
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:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

Articles of Amendment to Articles of Incorporation of

(Name of Corporat	tion as currently filed with the Florida Dept. of State)
	+ Tamajea GROUP DNC.
(Docu	ment Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florid Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s
If amending name, enter the new name of the co	orporation:
ame must be distinguishable and contain the woll Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	The new ord "corporation," "company," or "incorporated" or the abbreviation of "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
Enter new principal office address, if applicable	<u>e:</u>
rincipal office address <u>MUST BE A STREET ADI</u>	DRESS)
	<u> </u>
	7,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)
	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
if amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
w Registered Agent's Signature, if changing Regereby accept the appointment as registered agent.	tistered Agent: I am familiar with and accept the obligations of the position.
	
Signo	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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Secretary	Tricia Meyer	Three Rivers mI 49093
\bigwedge Add			Three Rivers mI 49093
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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				<u>-</u>
f an amendment provides for a	an exchange, reclass	sification, or cancell	ation of issued share	
<u>provisions for implementing t</u>	h <u>e amendment if</u> no	t contained in the a	mendment itself:	<u> </u>
(if not applicable, indicate	N/A)			
·				
·			 -	

The date of each amendment(s) adoption:
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) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated OSJU-10
Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President
(Title of person signing)