P19000044012

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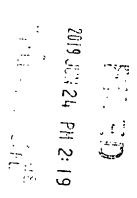
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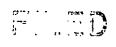


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JJ Home Renovations Inc					
DOCUMENT NUMBER: P19000044012					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Raquel Jimenez					
	Name of Contact Person				
JJ Home Ren	JJ Home Renovations Inc				
	Firm/ Company				
763 Samuel C	763 Samuel Chase Ln				
Address					
Melbourne, F	. 32904				
	City/ State and Zip Code				
jjhomerenovationsi	c@gmail.com				
E-mail a	dress: (to be used for future annual report notification)				
For further information concerning this matter, please call:					
B 111					
Raquel Jimenez	at (321) 288-9575				
Name of Contact Per	on Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
_	Filing Fee & Status Status Status Status Status Status Status Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	tions Division of Corporations Clifton Building				

Articles of Amendment to Articles of Incorporation of



JJ Home Renovations Inc

2019 JUN 24 PM 2: 19

P19000044012	ntly filed with the Florida DeptFof State
	r of Corporation (if known)
dursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new name of the corporation:	
i/A	The new
ame must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or vord "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
. If amending the registered agent and/or registered office ac	ldress in Florida, enter the name of the
new registered agent and/or the new registered office address	
new registered agent and/or the new registered office address	
new registered agent and/or the new registered office address Name of New Registered Agent N/A	
new registered agent and/or the new registered office address Name of New Registered Agent N/A	ess:

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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) X Change	P	Jeffrey Jimenez	763 Samuel Chase Ln
Add			W Melbourne, FL
Remove			32904
2) X Change	VP	Raquel Jimenez	763 Samuel Chase
Add		1	763 Samuel Chase W. Melbourne. Fl
Remove			37904
3) Change	- .		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	
	_

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u></u>
(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 date we document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, prevident other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Requel inert (Typed or printed name of person signing)	
(Title of person signing)	
(Little of nerson signing)	