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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JA Enterprises of C	Central Florida, Inc.	
DOCUMENT NUM	BER: P19000081286		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Amy Pierce		
		Name of Contact Person	
		Firm/ Company	
	881 Barton Blvd.		
		Address	
	Rockledge, FL 32955		
		City/ State and Zip Code	
	office@bluelineroofingfl.con	n	
	E-mail address: (to be us	sed for future annual report i	notification)
For further informatic	on concerning this matter, pleas	se call:	
Amy Pierce		at (<u>321</u>) 349-9582 le & Daytime Telephone Number
Name	of Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & 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 Corporations P.O. Box 6327 Tallahassee, FL 32314		Amendi Division The Ce	Address ment Section n of Corporations entre of Tallahassee 1. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JA Enterprises of Central Florida, Inc.

(Name of Corporation as curren	itly filed with the Florida Dep	ot. of State)
P19000081286		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation a	dopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation i	or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address, if applicable:	881 Barton Blvd.	- 1
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Rockledge, FL 32955	224
C. Enter new mailing address, if applicable:	001 D	
(Mailing address MAY BE A POST OFFICE BOX)	881 Barton Blvd.	· <u>¬</u> ;
	Rockledge, FL 32955	. 2
		<u>ည</u>
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office address		me of the
Name of New Registered Agent Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address: 881 Barton Blvd. Roc	kledge	32955 _, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent / I am familia	r with and accept the obligation	ns of the position.
Signature of New	Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1	1) (e), F.S.	

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)

Example:

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	PTSD	Jacob Anzani	881 Barton Blvd.	
Add			Rockledge, FL 32955	
Remove 2) Change	MGR	JDR Investment Group, Inc.	881 Barton Blvd.	
X Add			Rockledge, FL 32955	
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach	nding or adding additional Articles, additional sheets, if necessary). (Bo	e specific)		
OR Inve	tment Group, Inc. is to be managmen	t for JA Enterprises of (Central Florida, Inc.	
				
				-
				-
				
	<u></u>			
				
			-	
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				···-
If an a	mendment provides for an exchang sions for implementing the amendm	<u>e, reclassification, or c</u> ient if not contained in	ancellation of issued sh the amendment itself:	ares,
(/	fnot applicable, indicate N/A)			
A				
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
				
				-

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	01/20204	
Effective date <u>it applicable</u> .	(no more than 90 days after amend	ment file date)
Note: If the date inserted in this bedocument's effective date on the Do		g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors w	rithout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups each voting group entitled to vote separately on	. The following statement the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for app	proval
by		ļ"
<u></u>	(voting group)	
12/12/2024		
Dated		
Signature		
(By a d	irector, president or other officer II directors or	officers have not been
	by an incorporator - if in the hands of a receive	
appoin	ted fiduciary by that fiduciary)	
	Jacob Anzani	
	(Typed or printed name of person sign	ning)
	PTSD	
	(Title of person signing)	