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R. WHITE
APR 07 20-2

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JV THREE INC		
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MD SHAR FARAJ		
•		Name of Contact Pers	son
-		Firm/ Company	
	10115 N SILVER PALM DR		
-		Address	
	ESTERO FLORIDA 33928		
		City/ State and Zip Co	ode
I	RAJFLORIDA2013@YAHO	O.COM	
-	E-mail address: (to be us	ed for future annual repo	ort notification)
For further information	concerning this matter, pleas	se call:	
MD SHAR FARAJ		at (²³⁹) 269 3283
Name o	f Contact Person	Area C	Code & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida De	epartment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amer Divis The 2415	et Address Indiment Section Ition of Corporations Centre of Tallahassee IN. Monroe Street, Suite 810 Indianassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2020 .

JV THREE INC		33 - 45 AM 9: 33
(<u>Name</u>	of Corporation as current	tly filed with the Florida Dept. of State)
220000018103		
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation;	,
name must be distinguishable and contain 'Inc.," or Co.," or the designation "C 'chartered," "professional association,	Corp," "Inc," or "Co".	The new 'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
3. Enter new principal office address,	if applicable:	1027 GULFAIR BLVD
Principal office address MUST BE A S		JACKSONVILLE, FLORIDA 32209
·		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE ROY)	
(Maning data tas MAL ME A 1 1931	OTTICE BOA	
). If amending the registered agent at	nd/or registered office add	lress in Florida, enter the name of the
new registered agent and/or the ne	w registered office address	s:
	MD SHAR FARAJ	
Name of New Registered Agent		
	10115 N SILVER PALM	DRIVE
	(Florida st	reet address)
New Registered Office Address:	ESTERO	, Florida 33928
	<u></u>	(City) (Zip Code)
ew Registered Agent's Signature, if c	hanging Registered Agent	! :
hereby accept the appointment as regis-	tered agent. I am familiar	with and accept the obligations of the position.
		4 -
		5

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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.

\underline{X} Change	<u>PT</u>	John Doc				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Nan</u>	<u>ie</u>	<u>Addres</u> s		
1) Change	0	MO	HAMMED A ZAMAN	8856 SABRE STREET		
Add				QUEENS VILLAGE NY 11427		
XX Remove						
2) XX Change	P-VP	MD	HABIBUR RAHMAN	3028 85TH STREET		
Add				EAST ELMHURST NY 11370		
Remove Change		_				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change				<u> </u>		
Add						
Remove						
6) Change						
Add						
Remove						

E. If amending or a (Attach additional	sheets, if necessary,). (Be specific)	nge(s) nere:			
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<u> </u>		_				
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F. If an amendment	t provides for an ex	<u>change, reclassifi</u>	ication, or cance	llation of issued	shares,	
provisions for it (if not applic	nplementing the an	nendment if not c	contained in the	amendment itse	<u>lf:</u>	
	 -			 .		_ .
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The data of each amendment(s)	doption:, if other than the
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were must be separately provided	sproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes of	a for the amendment(s) was/were sufficient for approval
by	· · · · · · · · · · · · · · · · · · ·
·,	(voting group)
MARCI	24, 2020
Dated	24, 2020
sele	director, president or other officer – if directors or officers have not been sed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	MD SHAR FARAJ
	(Typed or printed name of person signing)
	SECRETARY
	(Title of person signing)