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TO:	Amendment Section
	Division of Corporations

SECRETA TO STATE

			MELAN
NAME OF CORPO	RATION: Jupiter Moon Pot	tery, Inc	_
DOCUMENT NUM	P20000029221	·	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Sean Simonic		
		Name of Contact Pe	erson
	Simonic, Simonic, Ratnech	t & Associates, CPAs, I	Inc.
		Firm/ Company	v
	8750 Perimeter Park Blvd.		•
		Address	
	Jacksonville, FL 32216		
		City/ State and Zip	Code
	simonic@simonic.net		
	E-mail address: (to be us	sed for future annual re	port notification)
For further informatio	n concerning this matter, plea	se call:	
Sean Simonic		at (928-1040
Name	of Contact Person	Area	928-1040 a Code & Daytime Telephone Number
Enclosed is a check fe	r the following amount made		
			•
S35 Filing Fee		S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status
	ling Address	<u>Str</u>	eet Address
	endment Section		nendment Section
	sion of Corporations Box 6327		vision of Corporations
	ahassee, FL 32314		e Centre of Tallahassee 15 N. Monroe Street, Suite 810
			llahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Jupiter Moon Pottery, Inc.		
(Name of Corporation as	as currently filed with the Florida Dept. of State)	
P20000029221		
(Document	t Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendme	nt(s) to
A. If amending name, enter the new name of the corpor	oration:	
n/a		
name must be distinguishable and contain the word "corpor". Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation.	oration," "company," or "incorporated" or the abbreviation "Corp" r "Co". A professional corporation name must contain the word tion "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	n/a	
	022	
C. Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)	n/a	
	N	!
	0.77	}
		-
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	office address in Florida, enter the name of the	
	ce autress.	
Name of New Registered Agent Wa		
	(Florida street address)	
New Registered Office Address:	(City) , Florida, Cin Code)	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registere	red Agent:	
I hereby accept the appointment as registered agent. I am	n familiar with and accept the obligations of the position.	
Signature	e of New Registered Agent, if changing	
Check if applicable	0120 (11) () 70	
☐ The amendment(s) is/arc being filed pursuant to s. 607.0	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)

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	<u>Sally Sr</u>	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
i) Change	VP	-	Matthew C Daly	3854 English Colony Drive S
X Add				Jacksonville, FL 32257
Remove				<u>_</u>
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		<u> </u>
Add				
Remove				
6) Change		_		
Add			 _ _	
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
· - · -	
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<u>lf an amendment provides fo</u> r an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u></u>	
_ _	

The date of each amendment(s) adoption	n:n	, 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 this block of document's effective date on the Department.	loes not meet the applicable statutory filing requirements, the ent of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted laction was not required.	by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted I by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendate to approval.	nent(s)
The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting groups. The following states woting group entitled to vote separately on the amendment(s):	ziemeni
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Signature (By a director	DOWN president or other officer – if directors or officers have not b	
selected, by a	n incorporator – if in the hands of a receiver, trustee, or other acciary by that fiduciary)	court
Lori A	A Rickard	
	(Typed or printed name of person signing)	
Presio	lent	
	(Title of person signing)	