P20000038658

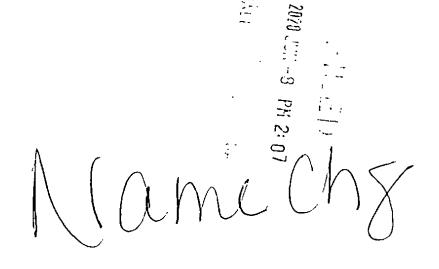
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COVER LETTER

ΓO: Amendment Section Division of Corporations

NAME OF CORPORATION: J & W CLOSING INC

DOCUMENT NUM	BER: P20000038658		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MAX K MCGEE CPA		
		Name of Contact Person	1
	MAX K MCGEE CPA, PA		
		Firm/ Company	
	609 N MAIN ST		
		Address	
	CHIEFLAND, FL 32626		
		City/ State and Zip Cod	e
	MAX@MKM.TAX		
		sed for future annual report	notification)
For further information MAX K MCGEE	on concerning this matter, pleas	352	. 507-7077
Name	of Contact Person	at (SSZ Area Co) de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Am Div P.C	iling Address endment Section dision of Corporations b. Box 6327 lahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

J & W CLOSING INC.

ck if applicable

'he amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(<u>Name e</u>	of Corporation as curren	tly filed with the Flor	rida Dept. of State)		
P20000038658					
	(Document Number	of Corporation (if kno-	wn)		
Pursuant to the provisions of section 607. its Articles of Incorporation:		s Florida Profit Corpo	pration adopts the fo	llowing amend	dment(s) to
A. If amending name, enter the new n	ame of the corporation:				
J & W CLOSINGS INC.				_ The	
name must be distinguishable and contain 'Inc.," or Co.," or the designation "Contrartered," "professional association,'	Corp," "Inc," or "Co".	A professional corpo	porated" or the abbi tration name must	reviation "Corp contain the w	p.," vord
8. Enter new principal office address, Principal office address MUST BE A S		N/A			
					
. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		2020 J	
					
If amending the registered agent ar new registered agent and/or the new			r the name of the	PH 2: 0	— <u>—</u> ——————————————————————————————————
Name of New Registered Agent	N/A			· 	
	(Florida s	treet address)			
New Registered Office Address:	N/A	(City)	, Florida	(Zip Code)	_
		(-10)		(isp code)	
w Registered Agent's Signature, if c rehy accept the appointment as regist			bligations of the pos	sition.	
	Signature of New	Registered Agent, if ch	anging		
	organian coj i ten	g.o.c.ca rigoni, ij tri	······································		

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:

<u>X</u> Unange	171	John Do	<u>0e</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
ype of Action Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
N/A Change	N/A		N/A	N/A
Add				
Remove				
Change				
Add				
Remove Change		_		
Add				
Remove				
Change		_		
Add				
Remove				
Change		-		
Add				
Remove				
Change		_		-
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

JUNE 04, 2020 The date of each amendment(s) adoption: _ , if other than the late this document was signed. JUNE 04, 2020 Effective date if applicable: (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 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 incorporators, or board of directors without shareholder action and shareholder action was not required. 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 (voting group) (By a director, president or 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) JANE TURNER (Typed or printed name of person signing) VP

(Title of person signing)