P20000043967

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SECRETARY OF SHAFE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: JIL INCORPORATED DOCUMENT NUMBER: <u>P2000043967</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Incorporated
Firm/Company 33(00 5, Atlantic Ave., #312 <u>Jill@Jillin(orporated.com</u>
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (321) 450 - 2430

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & S43.75 Filing Fee & \$\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy

is enclosed)

(Additional Copy

FILED

Articles of Amendment to Articles of Incorporation of

2021 NOV 15 AM II: 01

SECRETARY OF STATE

to

Sill Intorpora	ited	TALL AHASSEE, FLUE
		ed with the Florida Dept. of State)
P20000043967	L	
	(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	, Florida Statutes, this <i>Flo</i>	rida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of	of the corporation:	
		The new
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or th	" "Inc," or "Co". A pi	pany," or "incorporated" or the abbreviation "Corp.," rofessional corporation name must contain the word
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	plicable: ET ADDRESS)	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	<u>e:</u> ICE BOX)	
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office addressistered office address:	s in Florida, enter the name of the
Name of New Registered Agent	Jill Haugho	abic 1.2 #317
	55(0() Si ME[()] Florida street)	ntic Ave., #312
New Registered Office Address:	(bloa Black	. Florida 32931 (7.11) (Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered	l agent. I am familiar wit	h and accept the obligations of the position. istered Agent, if changing

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)

Remove

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)	Title	<u>Name</u>		<u>Addres</u> s	
1) X Change	CEC	<u> </u>	1 Haughn		lantic Ave, #3%
Add				COCOG Beach	<u>, Fl 329</u> 31
Remove					<u></u>
2) Change		_			
Add					
Remove Change	<u></u>				
Add					
Remove					.
4) Change	·				
Add					
Remove					
5) Change					
Add					
Remove					·
6) Change					
Add					

Attach additional sheets, if necessary).	(Be specific)
	 _
	
	
	
	to the an expedication of issued shares.
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
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The date of each amendment(s) ado	ption:	, if other than
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 blo document's effective date on the Department	ck does not meet the applicable statutory filing requirartment of State's records.	ements, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the first for approval.	he amendment(s)
	oved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amer	
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
<u> </u>	(voting group)	
Dated	21	
Signature	1 ban	<u></u>
· · ·	ector, president or other officer - if directors or officers	
	by an incorporator - if in the hands of a receiver, trusted fiduciary by that fiduciary)	e, or other court
ирроппо	- Tradelary by that materially,	
_	(Typed or printed name of person signing)	
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