## P990000 042 881

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**08/16/19--01028--024 \*\*35.6**0





## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Jay Revapuri, Inc.	of Jax	
	BER:		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	J. Russell Collins		
		Name of Contact Person	1
	Rusty Law, LLC		
		Firm/ Company	
	2493 US Highway 1 South		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Saint Augustine, Florida 320	86-6077	
		City/ State and Zip Cod	e
Samo	stadairyfarm@gmail.com		
		sed for future annual report	notification)
			,
For further informatio	n concerning this matter, pleas	se call:	
J. Russell Collins		904 at (	829-6600
Name of Contact Person		Area Co	)de & Daytime Telephone Number
Enclosed is a check to	r the following amount made	payable to the Florida Depa	artment of State:
☑ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Jay Revapuri, Inc. of Jax					
(Name o	of Corporation as currently	filed with the Florida Dept. of Sta	ite)		
P99000042880					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this A	Florida Profit Corporation adopts th	e following amendment(		
A. If amending name, enter the new na	ame of the corporation:				
			The new		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	20". A professional corporation no	or the abbreviation		
B. Enter new principal office address,	if annlicable:	16535 North US Highway 301			
(Principal office address MUST BE A STREET ADDRESS)		Citra, Florida 32113-2505			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16535 North US Highway 301	(^ N		
		Citra, Florida 32113-2505	019 A		
			3 6 1		
D. If amending the registered agent an new registered agent and/or the new			B PH		
Name of New Registered Agent Sam M. Osta					
	16535 North US Highway	301	<u> </u>		
	(Florida stre	vet address)			
New Registered Office Address:	Citra	, Florid	32113-2505		
New negasierea Office Address.		, 1 юна Сиуу	(Zip Code)		
		_			
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of the	position.		
		The same			
	Signature of New Re	egistered Agent, if changing			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = ChExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offheld. 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 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	уе, ана за	uy Smun, Sv. as an Ada.	
X Change	PT	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>	<u>Addres</u> s
1) Change	Р	Archana Dabhi	2006 Redberry Court
Add	-	-	Fleming Island, Florida 32003
X Remove			
2) Change	P	Sam M. Osta	16535 North US Highway 301
X Add			Citra, Florida 32113-2505
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
(Change			
6) Change			
Add			
Remove			

<u>If amending or adding</u> Attach <i>additional sheel</i>		specific)			
<del></del>					
•					·
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		<del></del>	<u> </u>	<u> </u>	
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provisions for impler	vides for an exchange menting the amendme	<u>, reclassification</u> ent if not contain	, or cancellation ed in the amend	<u>of issued shares,</u> lment itself:	
(if not applicable,	, indicate N/A)				
<u> </u>	<del> </del>		_		
					·····

The date of each amendment(s) adoption:date this document was signed.	, if other than t
Effective date <u>if applicable</u> :	
(no more than 90 days after amen	dment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory fili document's effective date on the Department of State's records.	ng requirements, this date will not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately or	•
"The number of votes cast for the amendment(s) was/were sufficient for ap	proval
by	<u>.                                    </u>
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	ler action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	ction and shareholder
Dated	
Signature	
(By a director, president or other officer – if directors o selected, by an incorporator – if in the hands of a receivappointed fiduciary by that fiduciary)	
Sam M. Osta	
(Typed or printed name of person sig	gning)
President	
(Title of person signing)	