P010005623

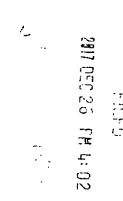
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COVER LETTER

Division of Corporations NAME OF CORPORATION: TEEJAY ENT. /NC

DOCUMENT NUMBER: P0100005623 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TARIQ JAMAL
Name of Contact Person TEE JAY ENT. INC.

Firm/ Company

1695 NOVA ROAD.

Address

HOLLY HILL FZ 32/17

City/ State and Zip Code TJ2285@ YAHOO.COM. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

at (386) 258-8022

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee □\$43.75 Filing Fee &

TO: Amendment Section

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)

Mailing Address

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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of _

FILES

IEE.	JAY	ENT.	INC	2017	OEC 26	PM 4: 0
(Name of Corporation	on as curre	ntly filed with the	Florida Dept.	of State)		
Pol	000	005623		, (1	1
(Docum	ent Number	of Corporation (if	known)			
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, th	is <i>Florida Profit C</i>	<i>orporation</i> ado	pts the follo	wing amer	ndment(s) to
A. If amending name, enter the new name of the co	rporation:					
					The	new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the d	" "Inc." or	"Co". A projess			e abbrevi	ation
B. <u>Enter new principal office address, if applicables</u> (Principal office address <u>MUST BE A STREET ADD</u>			NA			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>Y</u>)		NA.		_	_ _ _
D. If amending the registered agent and/or registered new registered agent and/or the new registered of			enter the name	of the		
Name of New Registered Agent		NA				
	(Florida	street address)				
New Registered Office Address:			, I	Florida		
-		(Cuy)		(2	Zip Code)	
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.	am familia	r with and accept t		of the positio	m.	
Signa	iture of New	Registered Agent.	if changing			

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 = ChiefExecutive 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 De	<u>oe</u>					
X Remove	<u>V</u>	Mike Jo	ones		•			
<u>X</u> Add	<u>sv</u>	Sally S	<u>mith</u>					
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s		
1) Change	office	Let	KAUSA	R PARVEEN	<u>/</u>	1695	NOUK	ROAD
Add	0)					HOLL	HILL I	FC
Remove							32117	
2) Change		_		 			/	
Add								
Remove								
3) Change		_			_			
Add								
Remove								
4) Change	 	_			<i>/</i> —		_	
Add								
Remove								
5) Change		_						
Add								
Remove								
6)Change		_ /		 				
Add		/						
Remove	/	/						

If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
/	
-	
	—
	_
	_
_/	
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
TARIQ JAMAZ 100%	
1	
/	

The date of each amendment(s) adoption: $\frac{12/21/17}{}$ 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 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 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
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 12 20 17
Signature
(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)
TAZIQ JAMAL
(Typed or printed name of person signing)
RESIDENT
(Title of person signing)