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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	: Tripk	JINY	estine	ents Inc	
DOCUMENT NUMBER:	·	PO1000	5183	17	
The enclosed Articles of Amer	ndment and fee are su	bmitted for filing.			
Please return all corresponden	ce concerning this ma	tter to the following	g:		
	(;	isg Frins			
		Name of Contac			
		Firm/ Comp	pany		
	135 N Airport Rd. Tavernier, FL 33000				
		Address	 ;		
	•	land we	er, FL	-33010	
		City/ State and 2	Zip Code		
1;	se Frins of	Florida-K	eus-h	omes-com	
E-1	mail address: (to be us	sed for future annua	ıl report not	ification)	
For further information concer	ming this matter, pleas	se call:			
Lisa Fri	nS	30	S,	S22-1479 & Daytime Telephone Number	
Name of Conta	ct Person		Area Code &	& Daytime Telephone Number	
Enclosed is a check for the fol	lowing amount made	payable to the Flori	ida Departm	ent of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Copy (Additional copenclosed)	<i>r</i>	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Ad- Amendment Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27		The Centr 2415 N. N		

Articles of Amendment to Articles of Incorporation

of

Triple J Invest	ments Inc.
	ntly filed with the Florida Dept. of State)
Palao	0018317
	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
nla	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	nla
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	2020
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nla
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses.	ddress in Florida, enter the name of the
Name of New Registered Agent h	
Name of New Registerea Agent	
- (Elmid.	street address)
(riorida)	street auaress)
New Registered Office Address:	(City) , Florida (Zip Code)
	(Cuy) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familia	
$n l \alpha$	
Signature of New	Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	1) (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.

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)	<u>Title</u>	<u>Name</u>	Address
1) Change		Trevor J. Frins	135 N Airport Rd
<u></u> ∧dd			Tavernier, FL 33070
Remove 2) Change	\mathcal{D}	Devin J. Frins	135 NAirport Rd
X Add		,	Tovernier FL33070
Remove 3) Change	-	n/a	
Add			
Remove 4) Change		<u></u>	
Add			
Remove		~ 10	
5) Change Add			
Remove		\	
δ) Change		n la	
Add			
Remove			

(Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
(b l
	1) (
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Hone	mendment provides for an exchange, reclassification, or cancellation of issued shares,
provi	sions for implementing the amendment if not contained in the amendment itself:
(f not applicable, indicate N/A) \
	$\eta l \alpha$

The date of each amendment(s) add	option: nk	, if other than the
date this document was signed.	1	
Effective date if applicable:	nla	
	(no more than 90 days a	fier amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep		tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	sted by the incorporators, or board of	directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	=	r of votes cast for the amendment(s)
☐ The amendment(s) was/were appromust he separately provided for e	oved by the shareholders through vo ach voting group entitled to vote sep	-
"The number of votes cast fo	or the amendment(s) was/were suffic	ient for approval
by	(voting group)	
·	(voting group)	
Dated	6/29/2020	
Signature (By a dire	ector, president or other officer - if c	lirectors or officers have not been
	by an incorporator – if in the hands d fiduciary by that fiduciary)	of a receiver, trustee, or other court
	Lisa A. Frins	
_	(Typed or printed name of	person signing)
	\mathcal{D}	
	(Title of person signing)	