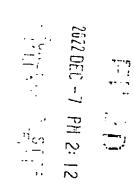
P02000074736

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(SSS)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900398247369



16. 16.6 6.721 000 #*15.01

2022 DE -7 PS 2: 00

A. BUTLER
DEC - 7 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CO	RPORATION: Triple J of Jax, Inc	. .				
DOCUMENT N	P02000074736					
The enclosed Ar	ticles of Amendment and fee are su	ibmitted for filing.				
Please return all	correspondence concerning this ma	atter to the following:				
	Elias Barakat					
		Name of Contact Perso	n			
	Triple J of Jax					
		Firm/ Company				
	11250 Old St. Augustine Roa	nd #11				
	Address					
	Jacksonville, Florida 32257					
		City/ State and Zip Cod	e			
	louie61480@hotmail.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further infor	mation concerning this matter, plea	se call:				
Elias Barakat		at (95/	515-6617			
N	ame of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a che	eck for the following amount made	payable to the Florida Dep	artment of State:			
S35 Filing F	ee \$\sum \\$43.75 \text{ Filing Fee & Certificate of Status}	S43.75 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		Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

inple J of Jax, Inc.				
. (Name	of Corporation as currently	y filed with the Florida I	Dept. of State] - 7	TH 2: 13
P02000074736			, ,	., 5, 10
	(Document Number of	f Corporation (if known)		57/1E
Pursuant to the provisions of section 607 as Articles of Incorporation:	1.1006, Florida Statutes, this I	Florida Profit Corporatio	n adopts the following	amendment(s)
A. If amending name, enter the new n	ame of the corporation:			
				The new
ame must be distinguishable and contait Inc.," or Co.," or the designation "(chartered," "professional association,"	Corp," "Inc," or "Co". A			
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>			· · · ·	
				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
). If amending the registered agent as			name of the	
new registered agent and/or the ne	· · · · · · · · · · · · · · · · · · ·			
Name of New Registered Agent	Elias Barakat	······································		
	11250 Old St. Augustine Re	oad #11		
		eet address)		
	(Florida stre			
New Registered Office Address:	(Florida stre Jacksonville	·	, Florida	

Signature of New Registered 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)

Example:

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>	<u>Addres</u> s
1) Change	p	Jack N. Ossi	3714 Damall Place
Add			Jacksonville, Florida 32217
X Remove			
2) Change	V	Maysoon E. Ossi	3417 Darnali Place
Add			Jacksonville, Florida 32217
X Remove Change			
Add			
Remove			
4) Change	P	Elias Barakat	9031 Warwickshire Road
X Add			Jacksonville, Florida 32257
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) (Be specific)	_		
				
			<u>-</u>	
	-		-	
		· · · · · · · · · · · · · · · · · · ·		
				
				•
			<u> </u>	
f an amendment provides for an excl provisions for implementing the ame	nange, reclassification	<u>, or cancellation of</u> ed in the amendme	issued shares,	
(if not applicable, indicate N/A)	dument it not contain	ica in the mineral		
<u> </u>		_		
				. <u>-</u>
		· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·	
			·	
		·····		

•

4					
The date of each and date this document v	nendment(s) adoption: was signed.	1			, if other than the
Effective date if app	plicable:	29/2022		ment file date)	
	ı	' (no more than 9	0 days after amend	ment file date)	
Note: If the date in document's effective	serted in this block doe e date on the Departmen	es not meet the application of State's records.	able statutory filin	g requirements, this date	e will not be listed as the
Adoption of Amend	iment(s)	CHECK ONE)			
☐ The amendment(s action was not rec		the incorporators, or b	ooard of directors v	vithout shareholder action	ı and shareholder
The amendment(s by the shareholde	s) was/were adopted by ers was/were sufficient	the shareholders. The for approval.	e number of votes of	ast for the amendment(s)	
	s) was/were approved by ly provided for each voi			. The following statemen the amendment(s):	it.
"The numbe	er of votes cast for the a	mendment(s) was/wer	re sufficient for app	proval	
ьу				29	
,	(voting group)		_	
Da Sig	selected, by an i appointed fiduci	resident or other offic ncorporator – if in the lary by that fiduciary)	er – if directors or : hands of a receive	officers have not been er, trustee, or other court	
		(Typed or printed n	51	ning)	-
	A		reme or horson sign	mig)	
	()	· 1			