P03000157616

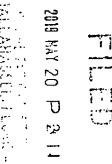
(Requestor's Name)
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(Document Number)
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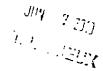
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	'S THOROUGHBREDS,INC.
P030001576 DOCUMENT NUMBER:	······································
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernis	ng this matter to the following:
JOAN SANDRA	HAJAL
HAJALS THORG	Name of Contact Person OUGHBREDS
4360 NE 138TH I	Firm/ Company
ANTHONY,FL 32	Address 2617
	City/ State and Zip Code
nhajal@aol.com	
E-mail address	s: (to be used for future annual report notification)
For further information concerning this ma	atter, please call:
JOAN SANDRA HAJAL	352 867 1810 at ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:
■ \$35 Filing Fee . □\$43.75 Filin Certificate o	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HAJAL'S THOROUGHBREDS.INC.

	1			
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(Name of Corpora	ation as currently filed with the Florida Dept. of State)
P03000157616	2019 MAY 20 P 2: 11
(Doct	ument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. Flori its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the	corporation:
name must be distinguishable and contain the wa "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	The new ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the abbreviation "P,A,"
B. Enter new principal office address, if applicab	
Principal office address <u>MUST BE A STREET AD</u>	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B.	<u>OX</u>)
). If amending the registered agent and/or registence new registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) Florida (Zip Code)
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.
	,
Sig	mature 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 = 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)	VP	NOLAN HAJAL	4360 NE 138TH PL
1) Change			ANTHONY, FL 32617
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			·
Remove			
4) Change	-		
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change			
Add			
Remove			

спаси аватона М	ing additional Artic neets, if necessary).	(Be specific)			
				-	
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					<u>. </u>
					
					
			-	1	
		-			
	-				
an amendment p	rovides for an excha	ange, reclassifica	<u>ition, or cancella</u>	tion of issued sha	res,
<u>orovisions for imp</u> (if not applical	lementing the amen ple. indicate N/A)	dment if not con	<u>itained in the am</u>	endment itself:	
()	The track the track				
					<u> </u>

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date of Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were as by the shareholders was/were:	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were acaction was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
5/17/19 Dated		
Signature	- Will C	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
.,	JOAN SANDRA HAJAL	
	(Typed or printed name of person signing) PRESIDENT	
	(Title of person signing)	