P11000066257

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TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: TNK AND PISTONS, INC. DOCUMENT NUMBER: P110000 66257
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
AMANIA M. WATKINS - GINTHER Name of Contact Person
Firm/ Company
10299 SOUTH PEN BIVD # 211165
POYAL PAIM BEACH, FL 33411 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AWANDA M WATKINS-GINTHER 501 832 4055 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

	of	
INK AND PIS	TONS, INC.	
	poration as currently filed with the	Florida Dept. of State)
P1100000005357		2021 AUG 15 P
	(Document Number of Corporation (if	(known)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit C	
A. If amending name, enter the new name o	f the corporation:	
		The r
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp," "churtered," "professional association," or th	""Inc." or "Co". A professional c	
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable	_ .	
(Mailing address MAY BE A POST OFFI		
 If amending the registered agent and/or new registered agent and/or the new registered. 		enter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
	(9)	(
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a	ng Registered Agent:	the abligations of the position
neren, uecepi me appointment as registerea a	gem. I am jammar min and accept t	ас оглушин су ис рошин.
	Signature of New Registered Agent,	if chanoina
	Signature of thew Registered Agent,	y 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) 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: John Doc PT X Change Mike Jones X Remove <u>v</u> Sally Smith SV \underline{X} Add <u>Address</u> Title <u>Name</u> Type of Action (Check One) 1) ____ Change Remove 2) Change ____ Add Remove 3) ____ Change ___ Add _ Remove 4) ____ Change _Add Remove

5) ____ Change

____ Add

6) ____ Change

___ Add

Remove

___ Remove

ch additional sheets, if necessary). (Be specifi	hange(s) here: c)
, , , ,	
	
	/
	·
amendment provides for an exchange, reclas	sification, or cancellation of issued shares,
visions for implementing the amendment if no (if not applicable, indicate N/A)	ot contained in the amendment itself:
(i) the approximately accounted to the second	
	/
	

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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory 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 incorporators, or board of direct action was not required.	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of very by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gimust he separately provided for each voting group entitled to vote separately	y on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for	or approval
by(voting group)	 ."
Dated	
Signature	
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
(Typed or printed name of perso	LJR '
	n signing)
PRESIDENT	
(Title of person signing)	· · · · · · · · · · · · · · · · · · ·