P11000100332

(Re	questor's Name)		
(Ad	dress)			
(Ad	dress)			
·	·			
(Cit	ty/State/Zip/Phor	ne #1		
(Cil	y/Otate/Zip/Filo/	ie #)		
PICK-UP	☐ WAIT	☐ MAIL		
_				
(Bu	siness Entity Na	ime)		
(Do	cument Number	r)		
Certified Copies	Certificate	es of Status		
·	_			
r				
Special Instructions to	Special Instructions to Filing Officer:			
		06/14 NOB		
698		NOB		
		· · · · · · · · · · · · · · · · · · ·		





200385964982

10/19/22--01010--022 **35.08

2022 SEF 30 PH 2: 08

Name Change

OCT 1 0 2022

D CUSHING

RECEIVED

Tax Professional Services, 4 LEC4 AM 9: 32

A Financial Services Corporation 1105 W Maple Ave Geneva, Al. 36340 334-684-6398 334-684-7193 -fax www.taxprollc.com

Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, American Society of Problem Solvers

June 6, 2022

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

To whom it may concern,

Enclosed you will find: original and one copy of Articles of Amendment to Articles of Incorporation, check for payment and a self addressed & stamped envelope.

Please register the enclosed Articles of Amendment to Articles of Incorporation for J Coyle Mayo Agency, INC <u>and return the original recorded Articles of Amendment to us in self addressed envelope provided</u> Cert#: 7020 1290 0002 0274 3072.

Thank you,

Candace Pollard

Tax Professional Services, LLC

Enc.

Cert#: 7020 1290 0002 0274 3089

10 check

COVER LETTER

RECEIVED

TO: Amendment Section Division of Corporations

2022 JUN 14 AM 9: 32

	RATION: Coyle Mayo Age	ney, me		
	BER: P11000100332			1 .5, ,
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Candace Pollard			
-		Name of Contact Person	1	
	Tax Professional Services, Ll	LC		
-		Firm/ Company		
	1105 W Maple Ave			
		Address		
	Geneva. AL 36340			
		City/ State and Zip Code	2	
	candace.pollard@taxprollc.co	om		
•	E-mail address: (to be us	sed for future annual report	notification)	
For further informatior Candace Pollard	n concerning this matter, pleas		684-6398	
Candace Pollard	of Contact Person	at (684-6398 de & Daytime Telephone Nu	mber
Candace Pollard Name o		at (334 Area Co	de & Daytime Telephone Nu	mber
Candace Poliard Name o	f Contact Person	at (334 Area Co	de & Daytime Telephone Nu	mber



September 1, 2022

CANDACE POLLARD TAX PROFESSIONAL SERVICES, LLC 1105 W MAPLE VE GENEVA, AL 36340

SUBJECT: J COYLE MAYO AGENCY, INC.

Ref. Number: P11000100332

We have received your document for J COYLE MAYO AGENCY, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 222A00019567

RECEIVED SEP 10 2022

2050 F540 0005 0524 3300

Articles of Amendment to Articles of Incorporation of

J Coyle Mayo Agency, Inc			
(Name of Corporation as curre	ntly filed with the Florida De	pt. of State)	
P11000100332			
(Document Numbe	er of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, the ts Articles of Incorporation:	nis Florida Profit Corporation	adopts the following	g amendmen
A. If amending name, enter the new name of the corporation:			
J Coyle Mayo Enterprise, Inc			_The new
name must he distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P	A professional corporation		on "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A		
) <u>)</u>
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			
			<u> </u>
If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		ame of the	80
N/A Name of New Registered Agent			
			-
(Florida	street address)		-
		. Florida	
New Registered Office Address:		(Zip C	

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). 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: X Change	<u>PT</u>	John Doe			
X Remove	\underline{V}	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change				_	
Add					
Remove					
2) Change					, <u> </u>
Add					
Remove 3) Change					
Add					
Remove					
4) Change		_		_	
Add					
Remove					
5) Change			- · · · · · · · · · · · · · · · · · · ·	_	
Add					
Remove					
6) Change		_			
Add					<u>.</u>
Remove					

E. <u>If ame</u> (Attach	nding or adding additional A additional sheets, if necessary	rticles, enter change). (Be specific)	e(s) here:		
N/A			•		
					
		<u> </u>	_		
	····		,		
<u>.</u>	<u> </u>	<u> </u>			· · · · · · · · · · · · · · · · · · ·
	<u> </u>		 		
					
		<u>, </u>	_	 	
	<u> </u>			<u>-</u>	
			· <u>·</u>		
F. <u>If an a</u>	mendment provides for an ex	change, reclassifica	tion, or cancellati	on of issued shares,	
<u>provi</u>	sions for implementing the ar f not applicable, indicate N/A)	mendment if not con	tained in the ame	ndment itself:	
\\ N/A	η ποι αρφοιτασίε, παισαίε τοπτη				
				,,	
	<u> </u>				
					

	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, a Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amene sufficient for approval.	idment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendments	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
5-9-202 Dated Signature		
sele	a director, president or otherOfficer – if directors or officers have no eted, by an incorporator – if in the hands of a receiver, trustee, or oth ointed fiduciary by that fiduciary)	
	James C Mayo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<u> </u>