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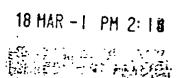
TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION:	J&JSUBS TAMPA, INC	<u>. </u>		
DOCUMENT NUMBE	R:	P13000078251			
The enclosed Articles of	Amendment and fee are s	ubmitted for filing.			
Please return all correspo	ndence concerning this m	atter to the following:			
		JIGNESH RAVAL			
Name of Contact Person					
		J & J SUBS TAMPA, IN	NC.		
Firm/ Company					
11031 LONGBOAT KEY LANE, APT 201					
Address					
TAMPA, FL 33626					
City/ State and Zip Code					
	JBT	ESK@SUNSETACCOUN	JTING NET		
		sed for future annual repor			
	oncerning this matter, plea	se call:	220-0585		
		ode & Daytime Telephone Number			
Enclosed is a check for the	e following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Ameno Divisio Cliftor	Address dment Section on of Corporations on Building Executive Center Circle		

Tallahassee, FL 32301

THE

Articles of Amendment to Articles of Incorporation of



J & J SUBS TAMPA, INC.

	filed with the Florida Dept. of State)	
P1300007	78251	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	11031 LONGBOAT KEY LANE APT 201	
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33626	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11031 LONGBOAT KEY LANE APT 201	
	TAMPA, FL 33626	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent JIGN	ESH RAVAL	
11031 LOGNBOA	T KEY LANE APT 201	
(Florida stree	t address)	
ΤΛ	MPA 33626	
New Registered Office Address:	City) (Zip Code)	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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 i. 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	PT	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) X Change	P	JIGNESH RAVAL	11031 LONGBOAT KEY LANE	
Add			APT 201	
Remove			TAMPA, FL 33626	
2) X Change	P	NIRAVKUMAR PANDIT	11031 LONGBOAT KEY LANE	
Add			APT 201	
Remove			TAMPA, FL 33626	
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove			·	
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary). (Be specific)	
	
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/V / /+	
If an amendment provides for an exchange, reclassification, or cancellation of issu	ied shares,
provisions for implementing the amendment if not contained in the amendment in (if not applicable, indicate N/A)	tself:
· ()	
NA	

	2/26/2018	
The date of each amendment(s) addate this document was signed.	doption:	, if other than the
date this document was signed.	2/26/2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this to document's effective date on the Do	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
DatedSignature	2-26-2018	
(By a d	lirector, president or diver officer - it directors or officers have not been	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)	
	SIGNESH RAUAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	