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SECRETARE OF STATE
TALLAHAS SEE FLORINA

AUG 1 0 2018

S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: TARPON BAYOU	J CORP	
DOCUMENT NUMB			
	of Amendment and fee are so	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	ADAM PATTERSON		
•		Name of Contact Perso	n
-		Firm/ Company	
:	514 N DUNCAN AVE		
- -	Address		
(CLEARWATER, FL 33755		
-		City/ State and Zip Cod	e
tarpon	hayoucafe@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
	concerning this matter, pleas		
Name of	of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made		•
■ \$35 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		Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

TARPON BAYOU CORP			
(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of Sta	<u>ite</u>)
P14000023920			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Torida Profit Corporation adopts the	e following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp." "Inc." or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or "C	o". A professional corporation no	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			16 ALL
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>			FILED AUG -9 PH 2:54 REILAL OF STATE LAHASSEE, FLORIDA
D. If amending the registered agent ar new registered agent and/or the new		ss in Florida, enter the name of th	<u> </u>
Name of New Registered Agent	JPMR ASSOCIATES INC		
Mune by Sen ricgistered Agent	2433 S 86TH STREET UNI	T B	
	(Florida stree	21 address)	<u> </u>
New Registered Office Address:	ТАМРА	, Florid	33619 a
	((City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar wi	th and accept the obligations of the	position.
	Signature of New Res	gistered 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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	TARYN BELLROSE	1837 GILBERT ST
Add			CLEARWATER, FL 33765
Remove 21 Change	P	ADAM PATTERSON	514 N DUNCAN AVENUE
X Add			CLEARWATER, FL 33755
Remove 3) Change			
Add			
Remove			
4) Change			
Remove			
5) Change		<u> </u>	
Add			
6) Change			
Add			
Remove			

amending or adding additional Art attach additional sheets, if necessary).	(Be specific)	
<u></u>		
		·
		_
If an array depart a position for up as	change, reclassification, or cancellation of issued shares.	
provisions for implementing the an	nendment if not contained in the amendment itself:	
(if not applicable, indicate NA)		
•		

, · · · ·	01/01/2018	, if other than the
The date of each amendment(s) addate this document was signed.		
	/2018	
Effective date if applicable:	(no more than 90 days after amendmen	n file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing repartment of State's records.	equirements, this date 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 east fficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. To each voting group entitled to vote separately on the	he following statement amendment(s):
	for the amendment(s) was/were sufficient for approx	al
L. 1		
by	(voting group)	
The amendment(s) was/were adeaction was not required.	opted by the board of directors without shareholder a	ction and shareholder
action was not required.	opted by the incorporators without shareholder action	n and shareholder
05/15/2013 Dated		
Signatur (By a d	firector, president or other officer – if directors or off	ficers have not been
selecto	ed, by an incorporator – if in the hands of a receiver,	trustee, or other court
аррой	ned fiduciary by that fiduciary)	
	laryn Bellros	٠6
	Typed or printed name of person signin	g)
	Mesident.	
	(Title of person signing)	