P14000025300

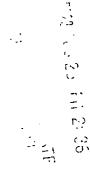
(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: TJ HACKETT EN	TERPRISES, INC			
	1BER: P14000025300				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Timothy Hackett				
		Name of Contact Person	n		
		Firm/ Company			
	190 Sanchez Ave				
		Address	-		
	Ormond Beach, FL 32174				
	•	City/ State and Zip Cod	e		
	tjhackettenterprises@hotmail	l.com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
Timothy Hackett or	Krisha Carter	at (<u>386</u>) 235-3077	:// []:[]	2F23 AUG
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	r	
Enclosed is a check t	for the following amount made	payable to the Florida Dep	artment of State:		25
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	14. 28.	4F 2: 4A

Mailing Address

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

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TJ HACKETT ENTERPRISES, INC

(Name of Corpora	ation as currently filed with the Florida Dept. of State)	
P14000025300		
(Doc	ument Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Flore Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following	g amendment(
If amending name, enter the new name of the	corporation:	
		The new
	"corporation," "company," or "incorporated" or the abbreviation, or "Co". A professional corporation name must contain breviation "P.A."	on "Corp.,"
Enter new principal office address, if applicat	ble:	
rincipal office address <u>MUST BE A STREET Al</u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
		
If amending the registered agent and/or regis	tered office address in Florida, enter the name of the	
new registered agent and/or the new registere	ed office address:	
Name of New Registered Agent		
		_
	(Florida street address)	- , 25
		دين در
New Registered Office Address:	, Florida	Code)
	(2.13)	. 2
		•
w Registered Agent's Signature, if changing R	egistered Agent:	
	I am familiar with and accept the obligations of the position.	12 m
		•
		_
Sig	gnature of New Registered Agent, if changing	

Check if applicable

[☐] 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>s</u>	HERB, JASON	190 SANCHEZ AVE
Add			ORMOND BEACH, FL 32174
Remove 2) Change	<u>S</u>	SALDO, SHAWN	190 SANCHEZ AVE
X Add			ORMOND BEACH, FL 32174
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)	
	<u>.</u>	
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	<u></u>	
		
	-	
an amendment provides for an exc	hange, reclassification, or cancellation of issued sh	ares,
rovisions for implementing the ann	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		- -
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)	<u>. </u>	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file d	late)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirent Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The follower of the same o	*
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
DatedS	7-22-23 Z= 64	
(By a selec	director, president or other officer – if directors or officers hated, by an incorporator – if in the hands of a receiver, trustee, inted fiduciary by that fiduciary)	· · · · · ·
	TIMOTHY HACKETT	22.
	(Typed or printed name of person signing)	
	PRESIDENT	2:
	(Title of person signing)	- 36 - 36