P14000064014

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| T Hobite |
| - |
| DEC 13 2023 |





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11/30/23--01019--008 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: AJT SERVICE CORP | | | | | |
|---|--|--|--|--|--|
| | P14000064014 —- | | | | |
| The enclosed Articles of Am | The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| JOSH | UA STREIMER | | | | |
| | | Name of Contact Person | | | |
| STRE | EIMER & FLUSBERG | | | | |
| | | Firm/ Company | | | |
| 12540 |) W. ATLANTIC BLVI |) | | | |
| | - | Address | | | |
| CORI | L SPRINGS, FL. 33071 | | | | |
| | · · · · · · · · · · · · · · · · · · · | City/ State and Zip Code | : | | |
| AITAMBO | RELLI@GMAIL.COM | | | | |
| | _ | ed for future annual report | notification) | | |
| For further information concerning this matter, please call: | | | | | |
| JOSHUA STREIMER | | 954 at (| 846-1100 | | |
| Name of Con | tact Person | Area Coo | le & Daytime Telephone Number | | |
| Enclosed is a check for the fo | ollowing amount made p | payable to the Florida Depa | rtment of State: | | |
| ■ \$35 Filing Fee | 3\$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) | | |
| P.O. Box 0 | nt Section f Corporations | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 | | |

Articles of Amendment

| | Amendacat | |
|--|-----------------------|---|
| to Articles of In | | ₹37. |
| Articles of in | • | anida Dant of State) |
| | • | |
| AJT SERVICE CORP | | |
| (Name of Corporation as curren | tly filed with the Fl | orida Dept. of State) |
| P14000064014 | | |
| (Document Number | of Corporation (if kn | own) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this | | |
| its Articles of Incorporation: | | |
| A. If amending name, enter the new name of the corporation: | | |
| FLOWLINE RESTORATIONS INC | | |
| | | The new |
| name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A profession | or incorporated or the doorestation and corporation name must contain the |
| | N/A | |
| B. Enter new principal office address, if applicable: | <u></u> | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | |
| | | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: | N/A | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | |
| | | |
| | <u></u> | |
| | | |
| | | |
| O. If amending the registered agent and/or registered office add | | ter the name of the |
| new registered agent and/or the new registered office address | <u>881</u> | |
| Name of New Registered Agent N/A | | |
| tune of then regimered tigent | _ | · · · · · · · · · · · · · · · · · · · |
| | | |
| (Florida s | treet address) | |
| New Registered Office Address: | | . Florida |
| New Registerea Office Address; | (City) | Zip Code) |
| | | (imp couc) |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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: 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 | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | N/A | |
| Add | | | |
| Remove | | | |
| 2) Change | | N/A | |
| Add | | | |
| Remove | | | |
| 3) Change | | N/A | |
| Add | | | |
| Remove | | | - |
| 4) Change | | N/A | |
| Add | | | |
| Remove | | | |
| 5) Change | | N/A | |
| Add | | | |
| Remove | | | |
| 6) Change | _ | N/A | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|--|
| N/A |
| IVA |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) |
| N/A |
| |
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| The date of each amendment(s) ad | N/A, if other than the |
|---|--|
| date this document was signed. | option: |
| N/A | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| | the more than so days times amenament the armet |
| Note: If the date inserted in this bl document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records. |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| ☐ The amendment(s) was/were adop by the shareholders was/were suf | oted by the shareholders. The number of votes east for the amendment(s) licient for approval. |
| ☐ The amendment(s) was/were appropriately provided for a | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |
| "The number of votes east | or the amendment(s) was/were sufficient for approval |
| by | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | (voting group) |
| ☐ The amendment(s) was/were ado action was not required. | oted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder |
| 11/9/23 Dated | |
| Signature_As | tyTunkni |
| selected | rector, president or other officer – if directors or officers have not been l. by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) |
| | ANTHONY TAMBORELLI |
| | (Typed or printed name of person signing) |
| | DIRECTOR |
| | (Title of person signing) |