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(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	—
(Business Entity Name)	_
(Document Number)	
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S. YOUNG

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COVER LETTER

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TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: _____

DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIMOTHY J BURROUGHS

Name of Contact Person

Firm/ Company

217 LAKE AVENUE

Address

LEHIGH ACRES, FLORIDA 33936

City/ State and Zip Code

timothyburroughs77@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 TIMOTHY BURROUGHS
 at (941)
 763-0393

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee

S43.75 Filing Fee & Certificate of Status S43.75 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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

T.C.J3 INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000093068

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) 217 LAKE AVENUE

LEHIGH ACRES, FLORIDA 33936

217 LAKE AVENUE

LEHIGH ACRES, FLORIDA 33936

D. <u>If amending the registered agent and/o</u> new registered agent and/or the new re	or registered office address in Florida, enter the name of the egistered office address:	TALLAN	T
<u>Name of New Registered Agent</u>		13 I	Ē
	(Florida street address)	FLOR	
<u>New Registered Office Address:</u>	Florida (City)	(Zip Gride)	•

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)

• .

· . · .

Example:

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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	. <u> </u>	<u> </u>	
Add			
Remove			
6) Change			
AdJ			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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)

_ _ _

The date of each amendment(s) ad date this document was signed.	OCTOBER 09TH, 2017 Ioption:, if other that
OC	TOBER 09TH, 2017
Effective date <u>if applicable</u> :	(no more than 90 days after amendment 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 requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were ade 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.	ppted by the incorporators without shareholder action and shareholder
Dated	the Dimension
	irector pesident or other officer - if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	TIMOTHY J BURROUGHS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)