P17000001033

(Requestor's Name)
(Requestors Ivame)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Susmess Entity Name)
(Conversed Number)
(Document Number)
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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: JUST TEGSIA INC						
DOCUMENT NUMBER: \$\frac{1}{2}\fra						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Erika Floyd Name of Contact Person	•					
Name of Contact Person						
Firm/ Company	-					
Deltong, FL 32738	-					
Deltong, FL 32738 City/State and Zip Code	-					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Erika Fland at 850, 896-0250						
Name of Contact Person Area Code & Daytime Telephone Number	τ					
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)						
Mailing Address Amendment Section Street Address Amendment Section						

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

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Articles of Amendment to Articles of Incorporation

of

	Teasin' INC	The state of the s			
(Name of Corporation as currently filed with the Florida Deat, of State) P1700001033 (Document Number of Corporation (if known)					
A. If amending name, enter the new name o	(the corporation:	The new			
	"Inc," or "Co". A proj	ny," or "incorporated" or the abbreviation "Corp.," essional corporation name must contain the word			
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	TADDRECCY	397 E Altomonte Drive			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Altomorte Springs, FL 32701 2860 Flynn Street; Deltong, FL 32738			
D. If amending the registered agent and/or new registered agent and/or the new regis		Florida, enter the name of the			
Name of New Registered Agent	Erika N F	loyd B B			
28.60 Flyng Street address)					
New Registered Office Address:	DeHona	, Florida 32738			
New Registered Agent's Signature, if changing in the large of the appointment as registered as		nd accept the obligations of the position.			
	N A Signature of New Registe	red Agent, if changing			
Check if applicable The amendment(s) is/are being filed pursuar					

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.

X Change	PT	John Doe	
X Remove	Y	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) Change	P	Erika Floyd	De Hong, FL 32738
Add		·	De 140,79, FL 32738
Remove			
2) Change			
Add			
Remove Change			
Add			•
Remove			
4) Change			
Add			
Remove			2823 JUL 883
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional shee	g additional Articles, enter change(s) here: ts, if necessary). (Be specific)	
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If an amendment pro	vides for an exchange, reclassification, or cancellation o	of issued shares.
provisions for imple	menting the amendment if not contained in the amendu	
(if not applicable	, indicate N/A)	
	N/A	
		- SE - SE
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The date of each amendment(s) adoption: 7-22-2023	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
Dated 7 - 22 - 2023	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Euro Flord	
(Typed or printed name of person signing)	
President	
(Title of person signing)	
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