P190000001303

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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JUN 10 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Taj John Young Inc.	
DOCUMENT NUMBER: P19000001303	<u> </u>
The enclosed Articles of Amendment and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
Roshani Patel	
Na Taj John Young Inc.	me of Contact Person
	Firm/ Company
1250 S. John Young Pkwy	
	Address
Orlando, FL. 32805	
Cit	√ State and Zip Code
jimhemani@gmail.com	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call-	
Roshani Patel	at () 800-7134
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:
Certificate of Status C	43.75 Filing Fee & S52.50 Filing Fee ertified Copy Certificate of Status dditional copy is Certified Copy inclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2019

ROSHANI PATEL 1250 S. JOHN YOUNG PKWY ORLANDO, FL 32805

SUBJECT: TAJ JOHN YOUNG INC Ref. Number: P19000001303

We have received your document for TAJ JOHN YOUNG INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 219A00011314

www.sunbiz.org

Division of Companytions D.O. DOV 6227 Tollohassas Florida 2221



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2019

ROSHANI PATEL 1250 S. JOHN YOUNG PKWY ORLANDO, FL 32805

SUBJECT: TAJ JOHN YOUNG INC Ref. Number: P19000001303

We have received your document for TAJ JOHN YOUNG INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

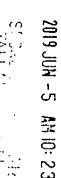
The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 519A00010470



Articles of Amendment to Articles of Incorporation

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				10/2	
	Arti 	icles of Amo	endment	Ξ,	x
	Artic	les of Incor	poration		`
		of			42.
Taj John Young Inc.					11:0-
(Name o	f Corporation as	currently	filed with the Florida	Dept. of State)	50,
P19000001303					
	(Document)	Yumber of C	Corporation (if known))	- , , - ,
Pursuant to the provisions of section 607.1 its Articles of Incorporation: A. If amending name, enter the new name.			orida Profit Corporat	tion adopts the followi	ng amendment(s) to
					The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designoword "chartered," "professional associates. B. Enter new principal office address, i	ition "Corp," "L ion," or the abbro f applicable:	nc," or "Ce eviation "P.	o". A professional co	orporation name must	ubbreviation contain the
(Principal office address MUST BE A STREET ADDRE		<u>\$</u>)	Orlando, FL. 32805	5	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST C			1250 S. John Your	ng Pkwy	
			Orlando, FL. 32805		
D. If amending the registered agent and new registered agent and/or the new			ss in Florida, enter th	ne name of the	
Name of New Registered Agent		i			_
	1250 S. John Y	oung Pkw	1		
		Florida stree	t address)	·	_
New Registered Office Address:	Orlando			32805 , Florida	
New Registered Office Address.		(0	îițy)		Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		Jamiliar wi 		gations of the position.	

Signature of New Registered Agent, if changing

	If amending the Officers	and/or	Directors, enter the title	e and name of each officer/director being removed and title, name, and
	address of each Officer a	nd/or D	irector being added:	
(Attach additional sheets, if necessary)			ary)	
Please note the officer/director title by the first letter of the				
				retary; D= Director: TR= Trustee; C = Chairman or Clerk; CEO = Chief
			inancial Officer. If an	officer/director holds more than one title, list the first letter of each office
	held. President, Treasurer			
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				
a change. Mike Jones leaves the corporation, Sally Smith is			orporation, Sally Smith i	s named the V and S. These should be noted as John Doe, PT as a Change,
	Mike Jones, V as Remove,			
	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	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
	.61			

<u>A</u> Remove	<u> </u>	- Fortes	
X Add	<u>SV</u> <u>Sally</u>	<u> Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PST	Karim Hemani	PO Box 560275
Add			Orlando, FL. 32856
X Remove			
2) Change	PST	Roshani Patel	1250 S. John Young Pkwy
X Add			Orlando, FL. 32805
Remove			
3) Change	 		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter char	nge(s) here:
(Attach additional sheets, if necessary). (Be specific)	
_	
	<u> </u>
<u> </u>	
	1
·	
· · · · · · · · · · · · · · · · · · ·	
F. If an amendment provides for an exchange, reclassifi	cation, or cancellation of issued shares.
provisions for implementing the amendment if not c	ontained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
· · · · · · · · · · · · · · · · · · ·	
	
	
	

04/01/20	
The date of each amendment(s) adoption:date this document was signed.	, if other than
04/01/2019	
Effective date if applicable: (no n	nore than 90 days after amendment file date)
Note: If the date inserted in this block does not mee document's effective date on the Department of State's	t the applicable statutory filing requirements, this date will not be listed as records.
Adoption of Amendment(s) (CHECK (ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approva	olders. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group	holders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes east for the amendment	(s) was/were sufficient for approval
by	``
(voting gro	pup)
The amendment(s) was/were adopted by the board of action was not required.	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporation was not required.	orators without shareholder action and shareholder
Dated	
loch	Px.
Signature(By a director, president o	r other officer – if directors or officers have not been
	or – if in the hands of a receiver, trustee, or other court
ROSHANI	PATEL
(Typed	or printed name of person signing)
PST	
	(Title of person signing)

the

the