P19000024879

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2021 NOV 23 AM 10: 59
SECRETARY OF STANF

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TJ Smoothie Inc					
DOCUMENT NUMBER: P19000024879					
The enclosed Articles of Amendment and fee are su	abmitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
Mohammad Almukahal					
	Name of Contact Person				
TJ Smoothie Inc					
	Firm/ Company				
1575 Creek Nine Drive	• •				
	Address				
North Port, FL 34291					
	City/ State and Zip Code				
almukahal.m@gmail.com					
E-mail address: (to be u	sed for future annual report n	otification)			
For further information concerning this matter, plea) 416-1067			
Name of Contact Person	Area Code	e & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Depar	tment of State:			
\$35 Filing Fee \$\times \text{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)			
Mailing Address Amendment Section		nent Section			
Division of Corporations	Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		ntre of Tallahassee . Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

T J Smoothie Inc

2021 NOV 23 AM 10: 59

(Name of	Corporation as currentl	ly filed with the Florida Dept. of StateRY OF STATE
P19000024879		
	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new nar	me of the corporation:	
NA		The new
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co" "chartered," "professional association," of	orp," "Inc," or "Co". 2	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if	f annlicable:	NA
(Principal office address MUST BE A ST		
C F-4	abla.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA
. 5		
		·
D. If amending the registered agent and	l/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	NA	
Traine by New Negasterea Ingen		
_	(Florida str	reet address)
	(Fibrial Sir	eer aaaress)
New Registered Office Address:		(City) , Florida (Zip Code)
		(Elp Code)
New Registered Agent's Signature, if cha	anging Registered Agent	:
		with and accept the obligations of the position.
	Signature of Nov. P	egistered Agent, if changing
	Signature of New K	egistered Agent, ij changing
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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)

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	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{v}}$	Mike Jones	i.	
_X Add	<u>\$V</u>	Sally Smith	1	
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	ame	Address
1) Change	VP	Та —	awfiq Mukahall	1575 Creek Nine Dr
Add				North Port, FL 34291
X Remove				
2) Change				
Add				
Remove 3) Change	=-			
Add				
Remove				
4) Change				
Add				
Remove				1,7 1
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

(2 200-200	or adding additional A onal sheets, if necessary,). (Be specific)				
NA						
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F. <u>If an amend</u>	ment provides for an ex	change, reclassific	ation, or cancellati	on of issued shares,		
provisions	or implementing the aupplicable, indicate N/A)	nendment it not co	intained in the ame	nament itseir:		
	spineusie, maieute 1471)					
NA —			•			
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The date of each amendment(s) a	doption:	, if other than the
data this dominent was signed.		
Effective date if applicable:		
	(no more than 90 davs after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements evartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ade action was not required.	onted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amount of the shareholders.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
11/2/2021 Dated	AA	
•	irector president or other officer – if directors or officers have r d, by an incorporator – if in the hands of a receiver, trustee, or o	
	ted fiduciary by that fiduciary)	mer court
	Mohammad Almukahal	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	