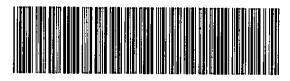
P19000004575

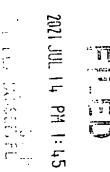
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Tee's Just For Me	Согр		
DOCUMENT NUM				
	s of Amendment and fee are su	bmitted for fili	ng.	
Please return all corre	espondence concerning this ma	itter to the follo	owing:	
	Tracie A Frye			
	****	Name of Co	ontact Person	
	Tee's Just For Me			
	Firm/ Company			
	43676 Ratliff Rd			
		Ado	dress	
	Callahan, Florida 32011			
	City/ State and Zip Code			
	Teesjustforme@gmail.com			
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information	on concerning this matter, plea		904	508-5253
	of Contact Person	at (e & Daytime Telephone Number
	or the following amount made	payable to the i		•
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fill Certified C (Additional enclosed)	Сору	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314		Division The Ce 2415 N	address nent Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810 usee, FL 32303

Articles of Amendment to Articles of Incorporation of

Tee Just For Me Corp	
(Name of Corpor	ation as currently filed with the Florida Dept. of State)
84-3746643	P1900004575
(Doc	cument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
name must be distinguishable and contain the word	"corporation," "company," or "incorporated" or the abbreviation "Corp.,"
"Inc.," or Co.," or the designation "Corp," "Ir "chartered," "professional association," or the above	c," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	
C. Enter new mailing address, if applicable:	- The state of the
(Mailing address MAY BE A POST OFFICE I	
	P
	
	tered office address in Florida, enter the name of the
new registered agent and/or the new register	ed office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Planida
New Registered Office Address.	, Florida
New Registered Agent's Signature, if changing R	egistered Agent:
t hereby accept the appointment as registered agent	I am familiar with and accept the obligations of the position.
Sig	mature of New Registered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to	s. 607.0120 (11) (c), 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)

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> <u>John</u>	n Doe	
X Remove	V Mike	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Bradley Kyle Honeycutt	43676 Ratliff Rd
Add			Callahan, Florida
X Remove			32011
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
	- · · · · · · · · · · · · · · · · · · ·
	
	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

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The date of each amendment(s)	idoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, repartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	opted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amer ufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
06/16/202	1	
Dated		
Signature	Pracise A. Frye	
	director, president or other officer - if directors or officers have no	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other intended fiduciary by that fiduciary)	her court
	Tracie A. Frye	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	