## PA 000087330

| (Req                      | uestor's Name)   |           |
|---------------------------|------------------|-----------|
| bbA)                      | ress)            |           |
| (Add                      | ress)            |           |
| (City.                    | /State/Zip/Phone | · #)      |
| PICK-UP                   | ☐ WAIT           | MAIL      |
| (Bus                      | iness Entity Nam | ne)       |
| (Doc                      | ument Number)    |           |
| Certified Copies          | Certificates     | of Status |
| Special Instructions to F | iling Officer:   |           |
|                           |                  |           |
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR           | ATION: J & J Studios, Inc   |  |   |
|--------------------------|---|--|---|
| DOCUMENT NUMB            | P19000087330  |  |   |
| The enclosed Articles of | of Amendment and fee are su   | bmitted for filing.  |   |
| Please return all corres | pondence concerning this ma   | tter to the following:   |   |
|                          | Jason Taylor  |  |   |
| -                        | ·   | Name of Contact Persor   | 1   |
|                          | J & J Studios, Inc.   |  |   |
| -                        |   | Firm! Company  | ****  |
| ţ                        | 9351 86th Avenue N  | . ,  |   |
| -                        |   | Address  |   |
| :                        | Seminole, Florida 33777   |  |   |
| -                        |   | City/ State and Zip Code   |   |
| . 11                     | <b>~</b> "  | ,  |   |
| tedsna<br>———            | rpcpa@gmail.com   |  |   |
|                          | n-mail address: (to be us   | sed for future annual report                                     | notification)   |
| For further information  | concerning this matter, plea-   | sa out   |   |
| i or itamici information | concerning this marier, prea-   | se catt.   |   |
| Jason Taylor             |   | at ( <sup>727</sup>  | 735-1500<br>de & Daytime Telephone Number   |
| Name o                   | f Contact Person  | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check for  | the following amount made   | payable to the Florida Depa                                      | artment of State:   |
| S35 Filing Fee           | ☐\$43.75 Filing Fee & Certificate of Status                               | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certificate of Status Certified Copy (Additional Copy is enclosed)                      |
| Amer<br>Divis<br>P.O.    | ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314 | Amend<br>Divisio<br>The Co                                       | Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| J & J Studios, Inc.  |   |            |
|--|---|------------|
| (Name of Corporation   | n as currently filed with the Florida Dept. of State)   |            |
| P1900087330  |   |            |
| (Docume  | ent Number of Corporation (if known)  |            |
| Pursuant to the provisions of section 607,1006, Florida 5 its Articles of Incorporation:   | Statutes, this Florida Profit Corporation adopts the following amendm   | nent(s) to |
| A. If amending name, enter the new name of the cor   | rporation:  |            |
|  | The ne  | w          |
| name must be distinguishable and contain the word "cor"Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi | rporation," "company," or "incorporated" or the abbreviation "Corp.,<br>or "Co". A professional corporation name must contain the wor |            |
| B. Enter new principal office address, if applicable:  |   |            |
| (Principal office address <u>MUST BE A STREET ADDI</u>   | RESS )  |            |
|  |   | 4          |
|  | <u> </u>  | 9          |
| C. Enter new mailing address, if applicable:   |   |            |
| (Mailing address MAY BE A POST OFFICE BOX  | ·   |            |
|  | <u> </u>  | Nan."      |
|  | - 1 AF 30   |            |
|  |   | •          |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of  |   |            |
|  |   |            |
| Name of New Registered Agent   |   |            |
|  |   |            |
|  | (Florida street address)  |            |
| New Registered Office Address:   | , Florida   |            |
|  | (City) (Zip Code)   |            |
|  |   |            |
| New Registered Agent's Signature, if changing Regis  | istered Agent:  |            |
|  | l am familiar with and accept the obligations of the position.  |            |
|  |   |            |
|  |   |            |
| Signa  | ture 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.

| X Change                   | <u>PT</u> <u>John</u> | <u>Doc</u>    |                      |
|----------------------------|-----------------------|---------------|----------------------|
| X Remove                   | <u>V</u> <u>Mike</u>  | <u>Jones</u>  |                      |
| _X Add                     | SV Sally              | Smith         |                      |
| Type of Action (Check One) | Title                 | Name          | <u>Addres</u> s      |
| 1) XXX Change              | C.E.O.                | Jeremy Hulett | 1608 Gray Bark Drive |
| Add                        |                       |               | Oldsmar, Fl. 34677   |
| Remove                     |                       |               |                      |
| 2) Change                  | <u> </u>              |               | SFC 202              |
| Add                        |                       |               | SECRE JAN            |
| Remove 3 ) Change          |                       |               |                      |
| Add                        |                       |               | PH                   |
| Remove                     |                       |               | 5: 30<br>            |
| 4) Change                  |                       |               |                      |
| Add                        |                       |               |                      |
| Remove                     |                       |               |                      |
| 5) Change                  |                       |               |                      |
| Add                        |                       |               |                      |
| Remove                     |                       |               |                      |
| 6) Change                  |                       |               |                      |
| Add                        |                       |               |                      |
| Remove                     |                       |               |                      |

| . If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)   |                 |             |
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| to the second charms and a second charms are an annual ation of icensed charms   | ·               |             |
| 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: | <u>'-</u>       |             |
| (if not applicable, indicate N/A)  |                 |             |
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| January 1, 2020 The date of each amendment(s) adoption:  | _, if other than the |
|--|----------------------|
| date this document was signed.   |                      |
| Effective date if applicable:  |                      |
| (no more than 90 days after amendment file date)   |                      |
| <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will r document's effective date on the Department of State's records.               | iot be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |                      |
| ■ 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)   |                      |
| ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.   | 7020 J <i>I</i>      |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.  | <del></del> [2504    |
| Dated / / / 2020 Signature   | 6 PH 5: 30           |
| (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)  ASDN MicWAL THE  |                      |
| (Typed or printed name of person signing)  |                      |
| (Title of person signing)  |                      |