## P210000129523

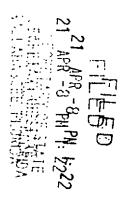
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:  WARI-Mr. Joseph  Colasacco gave permission to correct name on document.			

Office Use Only



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## COVER LETTER

TO: Amendment Section Division of Corporations		Taxales	; BEST INC		
	NAME )	JAXONJS	5 (323) 211		
NAME OF CORPORATION:	- GHAIN 25				
DOCUMENT NUMBER:	P210000	>29523			
The enclosed Articles of Amendo	ment and fee are sub	mitted for filing.			
Please return all correspondence concerning this matter to the following:					
	JOOTEP H	Colasacco	>		
Name of Contact Person					
JAXON'S BEST THE					
		Firm/ Company			
27	8 NW L	Th AUE			
_	೧ನ	Address			
	XXA RAI	ON FC. 3	3432		
City/ State and Zip Code					
TosePHTOP & mamfil . Com					
E-mail address: (to be used for fundre annual report notification)					
For further information concerni	ng this matter, please	call:			
JOSEPH Colas	ACCO	at ( 102)	462.4828		
Name of Contact	Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follow	wing amount made pa	ayable to the Florida Depo	artment of State:		
	.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee		
Cer	tificate of Status	Certified Copy	Certificate of Status		
		(Additional copy is enclosed)	Certified Copy (Additional Copy		
		2110100001	is enclosed)		
Mailing Address:		Street Addre <u>ss:</u>			
A mendment Section			Iment Section		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## **Articles of Amendment**

to

## Articles of Incorporation

of	
JAXON:S BEST TNO	7
(Name of Corporation as currently filed with the Flori	ida Dept. of State)
P21000029523	
(Document Number of Corporation (if kn	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this con Incorporation:	rporation adopts the following amendment(s) to its Articles of
A. If amending name, enter the new name of the corporation:	
JAXON'S BEST COF	fee cake Inc. The new
name must be distinguishable and contain the word "corporation," "com "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pi "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	278 NW 4Th AVE BOCA RATON FL 33432
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ਹੋ≓ ਲੈ ਜ
278 NW 4Th (Florida stree	AUE D
New Registered Office Address: BAA RALO (City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I air familiar with  Signature of New Registered Age	

The date of each amendment(s) adoption:	, if other than
Effective date if applicable: APE 2 2021	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated APRIL 2, 2021	
Signature  (By a tirector, 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)	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_

the