Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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COVER LETTER

TO: Amendment Sect Division of Corp			
NAME OF CORPOR	RATION: TAMAIKEN COR	tP.	
DOCUMENT NUMI			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	ACHOT MENDELIAN		
		Name of Contact Person	<u> </u>
	PRESIDENT		
		Firm/ Company	
	6187 NW 167TH ST STE H	4B	
		Address	
	MIAMI, FL 33015		
		City/ State and Zip Cod	0
	tamaikencorp@outlook.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	so call:	
ACHOT MENDELIA	N	at (⁷⁸⁶	3688178 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)	S52.50 Filing Fee Certificate of Status Certified Copy (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

1001 Car 121)	,
	4.4 M. 17.	, _V ,V

TAMAIKEN CORP	01
(Name of Corporation as curren	ntly filed with the Fiorida Dept. of State)
P21000040967	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is 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," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	6187 NW 167TH ST
(Principal office address MUST BE A STREET ADDRESS)	STE H 4B
	Miami, Ft 33015
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6187 NW 167TH ST
	SUITE H 4B
	MIAMI, FL 33015
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent	
Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	(Ciry) (Zip Code)
Signature of New	Registered Agent, if 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)

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.

Example: X Change PT John Doe X Remove v Mike Jones X Add ŞV Sally Smith Type of Action Title Name Address (Check One) 1) XX Change **NEW ADDRESS :** 6187 NW 167 ST STE H 4B __ Add MIAMI FL 33015 ____ Remove Change __ Add __ Remove 3) ____ Change ____ Add Remove 4) ____ Change __ Add Remove 5) ____ Change __ Add __ Remove 6) ____ Change ____ Add _ Remove

nach additional sheets, if necessary)	rticles, enter change(s)). (Be specific)		
			
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		<u> </u>	
an amendment provides for an exc covisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, tendment if not contain	or cancellation of issued in the amendment	<u>ied shares.</u> itself:
(g not approache, maicase (VA)		···	
			
			
	· -		

	10/20/2021	
The date of each amendmen date this document was signed		f other than th
Effective date if applicable:	10/20/2021	
Ellective dute <u>it unditentie</u> :	(no more than 90 days after amendment file date)	 -
	this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholder action and share	cholder
	ere adopted by the shareholders. The number of votes east for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote:	es cast for the amendment(s) was/were sufficient for approval	
ъу	· · · · · · · · · · · · · · · · · · ·	
	(voting group)	
10/20 Dated	1/2021 1/0	
(B	By a director president or other officer - if directors or officers have not been elected, by artincorporator - if in the hands of a receiver, trustee, or other court ppointed fiductary by that fiduciary)	
	ACHOT MENDELIAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	