P22000007128

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: FOXEN ROOTS INC DOCUMENT NUMBER: P22000007128 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DOMINIC JOHN Name of Contact Person **DJ&J ASSOCIATES** Firm/ Company 2300 SE 17TH ST, BLD 200 Address OCALA, FL 34471 City/ State and Zip Code DJ_VENAD@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DOMINIC JOHN at (352) 6942004

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED

FOXEN ROOTSING

2022 APR -5 PM 12: 14

TONEN ROOTSIN		-3 PH 12: 11
(Name of Corporati	ion as currently filed with the Florida Dept. of State)	
P00000007128	TALLAH	NOSE STATE
(Docur	ment Number of Corporation (if known)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the c	corporation:	
		The new
	corporation," "company," or "incorporated" or the abbreviation ," or "Co". A professional corporation name must contain reviation "P.A."	
B. Enter new principal office address, if applicable		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET AD)	<u>DRESS</u>)	
		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ov)	
(maining address MAT DE A FOST OFFICE DC		
D. If amending the registered agent and/or registe	ered office address in Florida, enter the name of the	
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Co	ode)
New Registered Agent's Signature, if changing Reg	gistered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.	
Sign	nature 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)

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 Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	P	_	GOMTIBEN PATEL	79-15 147 ST, D9
X Add				FLUSHING, NY 11367
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<u>—</u>		
Add				
Remove				
6) Change				
Add		_		
Remove				

f amending or adding additional Artic Attach additional sheets, if necessary).	(Ra spacific)
Attach daditional sneets, if necessary).	(Be specific)
	
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f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amei	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>

04/01/2022	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
01/04/2022	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date a document's effective date on the Department of State's records.	will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	and shareholder
☐ 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"	
(voting group)	
03/30/2022	
Dated	
Signature Ann Jed Gale	
(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)	
KUNJALBHAI V PATEL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	