P22000044879

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COVER LETTER

TO: Amendment Section Division of Corporations

1

NAME OF CORPOR	ATION: TT Labs INC	·	
DOCUMENT NUMB	ER: P22000044879		
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	Fracey Bryson		
-		Name of Contact Person	1
-		Firm/ Company	
ي	1409 Hoffner Ave #336		
-		Address	
-	Orlando, FL 32812		
		City/ State and Zip Code	e
t	sbryson@hotmail.com		
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Tracey Bryson		at (
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:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Articles of Incorporation	
JT LABS INC	
(Name of Corporation as currently filed with the P22000044879	e Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> its Articles of Incorporation:	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 "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional "chartered," "professional association," or the abbreviation "P.A."	The new incorporated" or the abbreviation "Corp.," corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	À
D. If amending the registered agent and/or registered office address in Florida new registered agent and/or the new registered office address:	, enter the name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept Signature of New Registered Agent	

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	PT Jo	ohn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>v</u>	Tracey Bryson	4409 Hoffner Ave #336
A dd			Orlando, FL 32812
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articular additional Articular additional sheets, if necessary).	(Be specific)
·	
an amendment provides for an eycha	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amen	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
 .	

The date of each amendment(s) adoption:
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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
Dated 6/13/2022
Signature
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)
(Typed or printed name of person signing)
Owner/President
(Title of person signing)