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(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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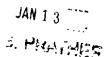


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2022 OCT 18 PH 4: 20



COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Trajectory DOCUMENT NUMBER: P22000	G. Etienne P.A. 050142 /88-3039408
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
	Name of Contact Person
N/P	Firm/ Company
	Treviso circle Address
Part st. Lucia	Florida 249870
14/13/10/01	Florida 349870 City/ State and Zip Code
E-mail address: (to b	e @ gmail. Com e used for future annual report notification) blease call:
Self	at (305) 951.9986
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	ide payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment		2022 OCT 18
to Articles of Incorporation	<u>-</u>	\subseteq
of	7	\
Trajle G. Etienne P.A.	i	ထ
(Name of Corporation as currently filed with the Florida Dept. of State)	→;	Pii 4: 20
P22000050142		ŦŢ
(Document Number of Corporation (if known)		20
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	amendme	nt(s) to
A. If amending name, enter the new name of the corporation:		
_	The second	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."	the word	,
B. Enter new principal office address, if applicable: 2541 NW Treviso Cir		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Port Saint Lucie, FL 3	34987	e
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) For I Rerce, FL 340	<u>179</u>	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:		
Name of New Registered Agent Same as above		
Sam.e		
(Florida street address)		
New Registered Office Address: Same , Florida 340	18ce	
Now Registered Office Address: Samt , Florida 34°City) , Florida Cip Co	ide)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing		
Check if applicable X 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.

<u>A</u> Change	PI John I	<u> </u>	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P,CED	Trajje G. Etienne	2541 NW Treviso Cir
Add	·)3	Port St. lucie, FL
Remove			34986
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
_ Remove			

E. If amendia (Attach ada	litional sh	eets, if nee	cessary).	(Be specifi	(c)					
Just	Ada	ding	mysel	f as	pre	<u>sident</u>	and	CEO	+0	reflect
Just in s	fate	<u>(e(</u>	ord.							,
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F. If an amer	idment p	rovides fo	r an exchai	nge, reclas	sification	or cancells	ation of issu nendment i	ed shares,		
		ole, indica		intent ii n	<u> </u>	/A-	<u>nenument i</u>	iseri.		
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The date of each amendment(s) adoption:	, if other than	n the
late this document was signed.		
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 document's effective date on the Department of State's records.	l not be listed as	s the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	l 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	2022 OCT 18	2022
by"	. (=	5
(Noting group)	; -	⊶
1 /	α)
Dated	E SLO.	:
	- ⁶ - f.	-
Signature	20))
(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)		
TRAJE GI. ETIENNE		
(Typed or printed name of person signing)		
President and CEO		
(Title of person signing)		