## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H23000251130 3)))



HORDOOSSIARING ARCR

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : S.LLANIO BUSINESS SERVICES INC

Account Number : I20200000011 Phone : (239)542-9104 Fax Number : (239)540-1760

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: S. Manio husinessay

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

## **AJYET INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



## Articles of Amendment Articles of Incorporation

AJYET INC		
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	
P23000047841		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the fo	ollowing amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
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	reviation "Corp.," contain the word
	7648 WINGED FOOT DR	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	FORT MYERS FL 33967	<u>ل</u> ال
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7648 WINGED FOOT DR	
printing manifest states and states are states and stat	FORT MYERS FL 33967	
		_ <del></del>
D. If amending the registered agent and/or registered office ac		<b>A</b>
Name of New Registered Agent		(Same
7648 WINGED FOOT I	DR	
(Florida	street address)	<del></del>
New Registered Office Address: FORT MYERS	, Florida <sup>3</sup>	3967
TVEW REGISTER CONTICE MANY CSS.	(City)	(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 the obligations of the position.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Example:

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.

X_Change	<u>PT</u>	<u>John Do</u>	<u>oc</u>		~ 3
X Remove	<u>v</u>	Mike Jo	nes		202
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		··.
Type of Action (Check One)	<u>Tille</u>		Name	<u>Addres</u> s	ر ب ر ب
1) X Change	P	_	XIOMARA I ESTEVEZ	7648 WINGED FOOT DR	:
Add				FORT MYERS FL 33967	``.
Remove					_
2) Change		_			
Add					•••
Remove Change		_			_
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		<u> </u>			
Add					
Remove					
6) Change		_			
Add					
Remove					
1/0110/0					

ユ ヒッとと マロバリ たいい	# 93-2054290	
ELAGE ATABLET	# 93-2054290	
<del></del>		
		· · · · · · · · · · · · · · · · · · ·
······································		
. If an amendment	t provides for an exchange, reclassification, or cancellation of	of issued shares,
provisions for la	t provides for an exchange, reclassification, or cancellation of mplementing the amendment if not contained in the amendment.	nent itself:
(if not applie	cable, indicate N/A)	

	07/[8/2023	, if other than the
The date of each amoundment( date this document was signed.	s) adoption:	_, ii outer than the
Effective date if applicable:	07/18/2023	
<u></u>	(no more than 90 days after umendment file date)	
	tis block does not meet the applicable statutory filing requirements, this date will e Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and	sharehold <del>e</del> r
☐ The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	20:
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement 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)	N
Dated Signature	7/18/23. Viana Ertus	
(Éy sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	_
	XIOMARA L'ESTEVEZ	
	(Typed or printed name of person signing)	- <del></del>
	PRESIDENT	
	(Title of person signing)	