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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: A.T.J. CORPORA	TION	
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Amar P. Patel		
		Name of Contact Person	1
	A.T.J. CORPORATION		
•		Firm/ Company	
	409 SE 1ST AVE		
•		Address	
	FLORIDA CITY, FL 33034		
·		City/ State and Zip Code	e
AMA	RPPATELI@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Amar P. Patel		at ( <sup>407</sup>	de & Daytime Telephone Number
Name o	of 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 Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Δ	П,	1	C	$\cap \mathbb{R}$	POR	AT	ION
◠.		J.	~	UN.		$\alpha$	IUII

(Name o	of Corporation as curre	ently filed with the Flo	orida Dept. of State)
P95000034471			
	(Document Numbe	r of Corporation (if kn	own)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, tl	nis <i>Florida Profit Cor</i>	poration adopts the following amendment(s) t
A. If amending name, enter the new na	ime of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," o	r "Co". A professioi	r "incorporated" or the abbreviation
B. Enter new principal office address,	if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS )		•	<b>元以 19</b>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
(maining mainess <u>same 2222 (001</u>	orrien non		77
			<u> </u>
D. If amending the registered agent an new registered agent and/or the new			er the name of the
	N/A	<u>ess.</u>	
Name of New Registered Agent			
	N/A	street address)	N/A
New Registered Office Address:		(Circl)	, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c			
hereby accept the appointment as regist	ered agent. I am familie	ar with and accept the	obligations of the position.
	Signature of New	w Registered Agent, if	changing

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	<u>PT</u> <u>John</u>	n Doe			
X Remove	<u>V</u> <u>Mik</u>	Mike Jones			
X Add	<u>SV</u> <u>Sall</u>	y Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	Asst. T	jilna Jasani	2804 augusta drive		
Add			homestead, FL 33035		
X Remove					
2) Change	Asst. S	teena patel	2736 silver river trail		
Add			orlando, FL 32828		
X Remove					
3 ) Change	VD	BHARTI P PATEL	2712 AGUSTA DR		
Add			HOMESTEAD, FL 33035		
X Remove					
4) Change					
Add					
Remove					
5) Change	<del></del>				
Add			<del></del>		
Remove					
6) Change			~		
Add			<del></del> _		
Remove					

E. <u>If amen</u> Attach <i>a</i>	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
N/A		
	<del> </del>	
		=-,=
		<u></u>
		<u> </u>
F. <u>If an an</u>	nendment provides for an exchange, reclassification, or cancellation of issued shares,	
(if	ions for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)	
N/A		
<del>_</del>		
		. <u></u> .

N/A		
The date of each amendment(s) adoption: date this document was signed.	_, if other t	han the
03/12/2019		
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 a document's effective date on the Department of State's records.	not be listed	l as the
Adoption of Amendment(s) (CHECK ONE)		
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)		
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.		
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.		
03/12/2019 Dated		
Signature  (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)	-	
Premsaran Patel		
(Typed or printed name of person signing)		
PD		
(Title of person signing)		