## P95000 084 471

| (Request                       | or's Name)      |        |
|--------------------------------|-----------------|--------|
| (Address                       | )               |        |
| (Address                       | )               |        |
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JAN 1 1 2020 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR            | ATION: AT. J.                               | ORPORATION   | )  |
|---------------------------|---|--|--|
| DOCUMENT NUMB             | er: <u>P 95000</u>                          | 034471   |  |
| The enclosed Articles of  | f Amendment and fee are su                  | bmitted for filing,  |  |
| Please return all corresp | condence concerning this ma                 | tter to the following:   |  |
| -                         | AMAR P.                                     | PATEL Name of Contact Person                                     |  |
|                           |   |  |  |
| -                         | A. T. J. Co                                 | Firm/ Company  | <del></del>  |
| _                         | 409 S.E.                                    | 1ST AVE.   |  |
|                           |   | Address  |  |
| _                         | FLORIDA C                                   | 1TY, FL 33   | 034  |
|                           |   | City/ State and Zip Code   |  |
| <u>A</u>                  | MARPPATE<br>E-mail address: (to be us       | L 1 QGMA [L  | · LOM notification)  |
| For further information   | concerning this matter, pleas               | se call:   |  |
| AMAR P. F                 | PATEL                                       | at (407  | de & Daytime Telephone Number  |
| 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 | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|                           | ing Address                                 |  | Address  |
| •                         | ndment Section iion of Corporations         |  | lment Section<br>on of Corporations  |
|                           | Box 6327                                    | The C  | entre of Tallahassee   |
| Talla                     | hassee. FL 32314                            |  | N. Monroe Street, Suite 810 assee, FL 32303  |

## Articles of Amendment to Articles of Incorporation of

|  | filed with the Florida Dept. of State)  |              |
|--|---|--------------|
| P95000034471   |   |              |
| (Document Number of  | Corporation (if known)  |              |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:  | lorida Profit Corporation adopts the following amend                                | lment(s) to  |
| A. If amending name, enter the new name of the corporation:  |   |              |
|  | The   |              |
| name must be distinguishable and contain the word "corporation," "co<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A<br>"chartered," "professional association," or the abbreviation "P.A." | ompany," or "incorporated" or the abbreviation "Corporation name must contain the w | p.,<br>vord  |
| B. Enter new principal office address, if applicable:  | 7.  | ċ            |
| (Principal office address MUST BE A STREET ADDRESS )   |   | <u>-</u>     |
|  |   | <del>-</del> |
|  | i i   | ,            |
|  |   | I            |
| C. Enter new mailing address, if applicable:   | ; <u>-</u>  | ¥            |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | <del></del>  |
|  | <u></u>   | ∑<br>≂       |
|  |   |              |
|  |   | _            |
| D. If amending the registered agent and/or registered office address:<br>new registered agent and/or the new registered office address:  |   |              |
| new registered agent and/or the new registered office address.   |   |              |
| Name of New Registered Agent   |   |              |
|  |   |              |
| (Florida stre  | et address)   |              |
| New Registered Office Address:   | Florida <u></u>   | _            |
|  | City) (Zip Code)  |              |
|  |   |              |
|  |   |              |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w   | ich and assent the obligations of the position                                      |              |
| t nereny accept the appointment as registered agent. I am jamular w  | an and accept the obligations of the position.                                      |              |
|  |   |              |
|  |   |              |
| Signature of New Re  | gistered 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)

(Attach additional sheets, if necessary).

(Be specific)

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.

|                                   |                           | Page 2 of 4              |                        |
|-----------------------------------|---------------------------|--------------------------|------------------------|
| Remove                            |                           |                          | <del></del>            |
| Add                               |                           |                          |                        |
| 6) Change                         | -                         |                          |                        |
| Remove                            |                           |                          |                        |
| Add                               |                           |                          |                        |
| 5) Change                         |                           |                          |                        |
| Remove                            |                           |                          | FL 33034               |
| Add                               |                           |                          | FLORIDA CITY,          |
| 4) X Change                       |                           | SANJAYKUMAR S PATEL      | 409 S.E. 151 AVE.      |
| Remove                            | . —                       |                          | FLORIDA CITY, FL 33034 |
| _X_ Add                           |                           |                          | 409 S.E. 1st AVE.,     |
| Remove Change                     | 5                         | TEENA PATEL              | FL 33034               |
| X Add                             |                           |                          | FLORIDA CITY,          |
| 2) Change                         | $\underline{\mathcal{D}}$ | BHARTI P PATEL           | 409 S.E 1ST AVE.       |
| Remove                            | 7                         | n n n                    | FL 33034               |
| X Add                             |                           |                          | FLORIDA CITY,          |
| 1) Change                         | _5                        | JILNA JASANI             | 409 S.E. IST AVE.      |
| Type of Action<br>(Check One)     | <u>Title</u>              | <u>Name</u>              | <u>Addres</u> s        |
| X Add                             | <u>sv</u>                 | Sally Smith              |                        |
| X Remove                          | <u>V</u>                  | Mike Jones               |                        |
| X Change                          | <u>PT</u>                 | <u>John Doe</u>          |                        |
| Mike Jones, v as Remo<br>Example: | ve, ana sai               | lly Smith, SV as an Ada. |                        |

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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shaprovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A) |                     |
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| Page 3 of 4  |                     |
| . age 0014   |                     |
|  |                     |
| The date of each amendment(s) adoption:  | , if other than the |
| date this document was signed.   |                     |
| Effective date if applicable: $i2/4/2019$  |                     |
| Effective date if applicable: 12/4/2011  (no more than 90 days after amendment file da   |                     |
| ino more inan 90 aays ajier amenameni jile aa  | (C)                 |

**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 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   |
| 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.   |
| Dated 12/4/2019  |
| Signature Seriale  |
| (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) |
| SANJAYKUMAR S PATEL (Typed or printed name of person signing)  |
| (Typed or printed name of person signing)  |
| 5DT  |
| (Title of person signing)  |