P99000050412

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: T. MAK'S INTERNATIONAL, INC. P99000050412 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RENEE GARRISON Name of Contact Person T. MAK'S INTERNATIONAL, INC. Firm/ Company 7076 DAVIS CREEK ROAD Address JACKSONVILLE, FL 32256 City/ State and Zip Code ACCOUNTING@TMAKSINC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 855-4188 Area Code & Daytime Telephone Number RENEE GARRISON Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee **■\$43.75** Fiting Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently fi	
	led with the Florida Dept. of State)
99900050412	
(Document Number of Co	orporation (if known)
tursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> s Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) t
. If amending name, enter the new name of the corporation:	
V/A	The new
ame must be distinguishable and contain the word "corporation," "con Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p chartered," "professional association," or the abbreviation "P.A."	
3. Enter new principal office address, if applicable: Principal effice address MUST BE A STREET ADDRESS)	
That par Cyre and ess Brost BE A STREET ADDRESS (707
	رز
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
-	20
. If amending the registered agent and/or registered office address	in Elevida, enter the name of the
new registered agent and/or the new registered office address:	THE FIGURE CHIEF THE HAIRS OF THE
Name of New Registered Agent	
(Florida street o	address)
; New Registered Office Address:	, Florida
сСи	······································

☐ 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)

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.

Exa mple: <u>X</u> Change	PT Jo	<u>hn Doc</u>	
X Remove	<u>V</u> <u>M</u>	ike Jones	
_X Add	<u>SV</u> <u>Sa</u>	elly Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	CEO	TINA MAK	12426 ROYAL TROON LN
Add			JACKSONVILLE, FL 32224
Remove			
2) X Change	CFO	JOHN ELLIS	12426 ROYAL TROON LN
Add			JACKSONVILLE, FL 32224
Remove 3) Change	VP	TAMI MAK	12426 ROYAL TROON LN
X Add			JACKSONVILL, FL 32224
Remove			
4) Change			
Add			
Remove			·
5) Change			
Add			
Remove			·
6) Change			
Add			
Remove			

(Attach adaitiona	dding additional Associates, if necessary,). (Be specific)			
/A					
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<u> </u>					
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		-			
	t provides for an exmplementing the an				:
(if not appli	cable, indicate N/A)				
/A	· · · · ·				
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The date of each amendment(s)	08/28/20 adoption:, if other than the
date this document was signed.	, a vider than the
	/28/20
Effective date if applicable:	(no more than 90 days after amenament file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were as by the shareholders was/were:	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendmentts):
"The number of votes can	st for the amendment(s) was/were sufficient for approval
by	"
:	(voting group)
09/04/20	
Dated	'
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	TINA MAK
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)