P15000057490

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ____ IRONCLAD CREATIVE BUSINESS SOLUTIONS, INC. DOCUMENT NUMBER: P15000057490 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BENJAMIN M. RICCIARDI Name of Contact Person IRONCLAD CREATIVE BUSINESS SOLUTIONS, INC. Firm/ Company 270 S CENTRAL BLVD, #202 Address JUPITER, FL 33458 City/ State and Zip Code ben.r@ironcladdigital.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BENJAMIN M. RICCIARDI at (561) 510-0983

Area Code & Daytime Telephone Number 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 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

IRONCLAD CREATIVE BUSINESS SOLUTIONS, INC.

(Name of Corporation as curr	ently filed with the Flori	ida Dept. of State	2)	
P15000057490				
(Document Numb	er of Corporation (if know	vn)		
ursuant to the provisions of section 607.1006, Florida Statutes, s Articles of Incorporation:	this <i>Florida Profit Corpo</i>	ration adopts the	follow <u>ing</u> amen	idment(s
. If amending name, enter the new name of the corporation	<u>ı:</u>			
			The	new
ame must be distinguishable and contain the word "corpor Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," (ord "chartered," "professional association," or the abbreviati	or "Co". A professional			
. Enter new principal office address, if applicable:	_			
Principal office address <u>MUST BE A STREET ADDRESS</u>)			***	
				 -
The same of the sa				
. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)				
			مسر بن ^{کرو}	_
		·		_
. If amending the registered agent and/or registered office and registered agent and/or the new registered office add		the name of the		
Name of New Registered Agent				
(Floria	la street address)		<u> </u>	
New Registered Office Address:		Florida		
	(City)		(Zip Code)	
			-	
ew Registered Agent's Signature, if changing Registered Aghereby accept the appointment as registered agent. I am famil	gent: liar with and accept the ol	bligations of the p	osition.	
			-	
Signature of N	ew Registered Agent, if ch	 langing		

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>	John Doe			
X Remove	<u>V</u>	Mike Jones	**		
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	<u>S</u>	STEPHEN N JAKUBIAK	JUPITER, FL 33458		
Add					
X Remove					
21 Change					
Add					
Remove					
3) Change			19 RUG		
Add			25 7		
Remove					
4) Change					
Add			- On ω 		
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
	_
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	<u> </u>
	
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	7.7
provisions for implementing the amendment if not contained in the amendment itself:	19. C
(if not applicable, indicate N/A)	
	<u> </u>
	•
	-

The date of each amendment(s) addate this document was signed.	deption:	, if ot	her than
Effective date <u>if applicable</u> :			
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this blocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date with partment of State's records.	ll not be	listed as
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	-	
	proved by the shareholders through voting groups. The following statement 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)		
	(voting group)		
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	-	
action was not required.	pied by the incorporators without shareholder action and shareholder		
Dated 7	25/2019	-	
selecte	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	19 AU	******
	BENJAMIN M. RICCIARDI	: -7	
	(Typed or printed name of person signing)		: 11
	PRESIDENT	-	Ö
	(Title of person signing)	် ယ	
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