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ALLWINSTE FLORID BEORETARY OF STATE WILLY BE BEING TO BE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Fero & Sons, Inc				
DOCUMENT NUM	200462				
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.			
Please return all corr	espondence concerning this ma	atter to the following:			
	Tracy A Fero				
	Name of Contact Person				
	Fero & Sons, Inc				
		Firm/ Company			
	8441 SW State Rd 200. Suite 117				
	Address				
	Ocala, FL 34481				
	City/ State and Zip Code				
	info@feroinsurance.com				
		ed for future annual report	notification)		
For further informatic	on concerning this matter, pleas	352	351-3111		
Name of Contact Person		at (de & Daytime Telephone Number		
E. L. L. L. L. L.			•		
enclosed is a check to	or the following amount made p	payable to the Florida Depa	artment of State:		
☐ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendment Section			ment Section		
Division of Corporations P.O. Box 6327			n of Corporations entre of Tallahassee		
Tallahassec, FL 32314			Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Fero & Sons, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 299463 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation; A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (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. Signature of New Registered Agent, if changing

Check if applicable

[☐] 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.

Example:

X Change	PT	<u>John Doe</u>		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	VS	FERO, LANSE K	20497 E PENNSYLVANIA AVE	
Add		-	DUNNELLON, FL 34432	
x Remove				
2) Change	PT	FERO, TRACY	20497 E PENNSYLVANIA AVE	
Add			DUNNELLON, FL 34432	
X Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			***************************************	
Remove				

mending or adding additional Art ach additional sheets, if necessary).	(Be specific)
	
	V
-	
visions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	rement is not contained in the amendment usen.

The date of each amendment(s) ac date this document was signed.	option:, if other than t
8/9/2 Effective date <u>if applicable</u> :	024
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as to partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado action was not required.	sted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
must be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by Board of Directors	"
	(voting group)
8/9/2024 Dated	
Signature	Vacu Fess
(By a dir selected	bector president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	Tracy Λ Fero
_	(Typed or printed name of person signing)
	Owner/President/ Secretary
-	(Title of person signing)

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Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	or the following amount made p	payable to the Florida Department of State:			
□ \$35 Filing Fce	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			