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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Lamont's Automot	ive & Industrial Machine I	ne
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Yves Lafrance		
-	.,,	Name of Contact Perso	n
	<u> </u>	Firm/ Company	
	3802 Hanson St		
•		Address	
	Ft Myers, FL 33916		
•		City/ State and Zip Coo	le
	lafranceperformance@hotma	il.com	
	E-mail address: (to be us	sed for future annual repor	(notification)
For further information	concerning this matter, plea	se call:	551-6212 (Le) ode & Daytime Telephone Number
Yves Lafrance		at (at (	551-r <del>ja.t</del> 2
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment of State:
S35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi The C	Address dment Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

FILED 2024 DEC 12 PH 1:16

			14 <sup>1</sup>
mont's Automotive & Industrial Machine	nc		TALLAHINGERSIETE
(Name of C	orporation as curre	ently filed with the Flor	
2004			
	(Document Number	er of Corporation (if kno	wn)
rsuant to the provisions of section 607.100 Articles of Incorporation:	6, Florida Statutes, 11	his <i>Florida Profit Corpo</i>	pration adopts the following amendment
If amending name, enter the new name	of the corporation:	NIA	
			The new
ne must be distinguishable and contain the ic.," or Co.," or the designation "Corp hartered," "professional association," or	." "Inc," or "Co".	A professional corpo	porated" or the abbreviation "Corp.," ration name must contain the word
Enter new principal office address, if a incipal office address MUST BE A STR.			······································
Enter new mailing address, if applical (Mailing address MAY BE A POST OF		NIA	
If amending the registered agent and/o new registered agent and/or the new re			the name of the
	es Lafrance	<del> </del>	
· · · · · · · · · · · · · · · · · · ·	)2 Hanson St		
	(Florida	street address)	
New Registered Office Address:	Myers, FL		, Florida 33916
110 11 11 11 11 11 11 11 11 11 11 11 11	,	(City)	(Zip Code)

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PS	Yves Lafrance	3802 Hanson St
x Add			Ft Myers, Fl. 33916
Remove			
2) Change	PVP	Joni Johnson	3802 Hanson St
Add			Ft Myers, FL 33916
x Remove 3 ) Change	<u>s</u>	Barbara Puckett	20231 State Rd 31 N Fort Myers, FL 33917
Add			
x Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			***
Remove			·
6) Change			
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
	NIA
	10 //3
-	
<del>, ,</del>	· · · · · · · · · · · · · · · · · · ·
	<del></del>
in amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
٨	JA
· · · · · · · · · · · · · · · · · · ·	
<del></del>	

The date of each am	October 30, 2024 endment(s) adoption:	, if other than the
date this document w		•
Effective date if app	licable:	
	(no more than 90 days after amendment file date)	
Note: If the date ins document's effective	serted in this block does not meet the applicable statutory filing requirements, this date will a date on the Department of State's records.	not be listed as the
Adoption of Amend	ment(s) (CHECK ONE)	
☐ The amendment(s action was not rec	) was/were adopted by the incorporators, or board of directors without shareholder action and $\vec{s}$ uired.	hareholder
	) was/were adopted by the shareholders. The number of votes east for the amendment(s) ers was/were sufficient for approval.	
	) was/were approved by the shareholders through voting groups. The following statement by provided for each voting group entitled to vote separately on the amendment(s):	
"The numb	er of votes cast for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
Đ	12-4-2024	
2		
Si	gnature 3	
	(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)	
	Yves Lafrance	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	