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Office Use Only

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COVER LETTER

TO: Amendment Section

Division of Corporations

Irwin Incorporated NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for future annual report notification For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☑\$43.75 Filing Fee & ☐ \$35 Filing 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 Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

					in.
(Name of Corporati	ion as currently	filed with the Flori	da Dept. of Stat	te)7021, 600, 00	
Irwin In	COTPOR	ated	m77	3005 R 30	ĀH
(Docur	ment Number of	Corporation (if know	vn)	Sa	
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	a Statutes, this F	lorida Profit Corpo	ration adopts the	following amend	ment(s
A. If amending name, enter the new name of the c	orporation:				
				The n	
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbro	" or "Co". A	mpany," or "incorp professional corpo	orated" or the a ration name mu	bbreviation "Corp)., ''
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u>					
		· · · · · · · · · · · · · · · · · · ·			_
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Enter new mailing address, if applicable:	av)				
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>/X</u>)		•.		-
					-
			•••	<u>-</u>	_
. If amending the registered agent and/or registe		ss in Florida, enter	the name of th	<u>e</u>	
new registered agent and/or the new registered	office address:				
Name of New Registered Agent					
	(Florida stree	et address)			
New Registered Office Address:			. Florida	1	
	(0	City)	, , , , , , ,	(Zip Code)	_
New Registered Agent's Signature, if changing Reg	nistared Ament:				
hereby accept the appointment as registered agent.		th and accept the ol	ligations of the	position.	
Sion	nature of New Res	gistered Agent, if ch	anging	·	
5,5,	2 5) 1157 1128	,			

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	<u>V</u>	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	-		
Add			
Remove			
2) Change			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attor	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)
(Auai	a dadational shoots, y house any his first the
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	·
. <u>If a</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares, wisions for implementing the amendment if not contained in the amendment itself:
pre	(if not applicable, indicate N/A)
	As of February 15th of 2004
	The street was made it is
<u></u>	rwin Incorporated was moved into
_	the feellowing frust
-	,

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	meet the applicable statutory filing requirements, this date will not be listed as the
Adaption of Amendment(s) (CHE	CK ONE)
☐ The amendment(s) was/were adopted by the in action was not required.	acorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a	hareholders. The number of votes cast for the amendment(s) oproval.
☐ The amendment(s) was/were approved by the must be separately provided for each voting a	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes east for the amen-	Iment(s) was/were sufficient for approval
by	ng group)
(von	ig group)
Dated 3/26/25	<i>L</i> .
Signature Celst	-Chim
(By a director, presi	dent of other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
	Typed or printed name of person signing)
(Typed or printed name of person signing)
	Vice-president
(Title of person signing)



April 14, 2024

CELESTE IRWIN 209 BRUCE CT MARATHON, FL 33050

SUBJECT: IRWIN INCORPORATED

Ref. Number: M77300

We have received your document for IRWIN INCORPORATED and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

pi (L)

Letter Number: 524A00008085