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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: IRON LEG	ACY CRESTURE INC.
DOCUMENT NUMBER: NITOOOO 97	269
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
BRIAN HAYES	(Name of Contact Person)
	(Firm/ Company)
4497 W	ce
4497 WILKERGON R	(Address)
HOLT FL 3256	(City/ State and Zip Code)
HAYES MICHIGAN ZY E-mail address: (to be used	A A A C C M I for future annual report notification)
For further information concerning this matter, please	
Roman Haves	at 850 - 307-7184
(Name of Contact Person	at 850 - 307 - 7184 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Nutting Address	Street Address

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cur	rently filed with the Flor	rida Dept, of State)	
IRON LEGACY	CRRSTULEW	Inc.	
(Document Nu	imber of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not Fa</i>	or Profit Corporation adopt	ts the following
A. If amending name, enter the new name of the corpo	ration:		
			The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporate	d" or the abbreviation "Co	rp," or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SSS</u>)		
			2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			13
			13
D. If amending the registered agent and/or registered	office address in Florida	a, enter the name of the	10
new registered agent and/or the new registered off	ice address:		
Name of New Registered Agent:			
	(Florida sn eet address)	
New Registered Office Address:			
		Florida	
	(City)	(Zip Co	de)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: um familiar with and acce _l	pt the obligations of the po:	sition.
	Signature of New Reg	istered Agent, if changing	

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 X Remove X Add	PT John I Y Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	٧P	MARK A. BRYANT	150 RIDGE LAKE RO. CRESTUIRW FL 32536
2) Change Add Remove	<u> </u>	BRIAN M. LEMMON	440 BLACKEREK BLUD FREEPORT FL 32439
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

 eets, if necessary)	. (De speciji	(C)					
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	: listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 9/25/19	
Signature Committee of the Committee of	-
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
BRIAN HAVES	
(Typed or printed name of person signing)	
PARSIDENT	
(Title of person signing)	