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TO: Amendment Section Division of Corporations

Constitutional Liberty Movement, INC NAME OF CORPORATION:	
N18000000585	
DOCUMENT NUMBER:	_
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Devon Dupuis	
(Name of Contact Person)	_
Constitutional Liberty Movement, INC	
(Firm/ Company)	_
1566 Picasso ST	
(Address)	
Sebastian, FL 32958	
(City/ State and Zip Code)	
devon.clm@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Devon Dupuis 772 349-6961	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status \$43.75 Filing Fee Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status (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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Constitutional Liberty Movement, INC (Name of Corporation as currently filed with the Florida Dept. of State) N18000000585 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Liberty Strong, Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: n/a Florida _ (Zip Code) (City) 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

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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_	n/a	
Add				
Remove				
2) Change		-		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		=		
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change		-		
Add				-
Remove				

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	
n/a		
		
	<u> </u>	
		

Th.	7/11/19 date of each amendment(s) adoption:	_, if other than the
	this document was signed.	_, 00: a.=. 2.0
Fff	7/11/19 ctive date <u>if applicable</u> :	
EII	(no more than 90 days after amendment file date)	
	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	e listed as the
Ad	ption of Amendment(s) (<u>CHECK ONE</u>)	
	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 July 11, 2019	
	Signature Over Liquis	
	(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)	~
	Devon Dupuis	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	