NZ30000000779

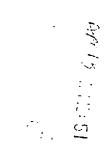
| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Duamesa Emity Hame) |
| (December Museles) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer. |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



900427855699

01.18/21--11018 --016 #4 35.00



13/15/24

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| Ocala Steel Orchest NAME OF CORPORATION: | ra INC. | | _ | |
|--|---|--|------------------|--|
| N23000000779 DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amendment and fee are sub- | bmitted for filing. | | | |
| Please return all correspondence concerning this mat | tter to the following | <u>.</u> : | | |
| | SEAN R THO | MAS | | |
| | (Name of Contac | t Person) | | |
| OC | 'ALA STEEL ORÓ | HESTRA D | NC. | |
| | (Firm/ Comp | any) | | |
| | 6315 LAKEWO | OD DRIVE | | |
| | (Address | :) | - | |
| | OCALA FLORII | DA 34472 | | |
| | (City/ State and 2 | Zip Code) | | |
| |)(a OCALASTEEL | | | |
| E-mail address: (to be use | ed for future annual | report notif | icatio | n) |
| For further information concerning this matter, pleas | se call: | | | |
| SEAN R THOMAS | | 646 _ at | | 836-8230 |
| (Name of Contact Perso | n) | (Area C | ode) | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made p | payable to the Flori | da Departme | ent of | State: |
| ■ \$35 Filing Fee □S43.75 Filing Fee & Certificate of Status | □\$43.75 Filing I Certified Copy (Additional co- enclosed) | py is | Certit Certit | 0 Filing Fee leate of Status led Copy tional Copy is osed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | | Street Add Amendment Division of The Centre | 1 Sect Corp | orations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

N/A (Name of Corporation as currently filed with the Florida Dept. of State) (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: 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. 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 (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Signature of New Registered Agent, it 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 | $\underline{V} = \underline{Mi}$ | m <u>Doe</u> ke Jones ly Smith | |
|---|----------------------------------|---|--|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| L) Change Add | <u>T</u> | KEITH A CATON | PO BOX 557 DUNNELLON, FL. 34430 US |
| X Remove | | | |
| 2) Change Add | <u>T</u> | ELGIN C CARELOCK | 1515 E. Silver Springs Blvd Suite 1 Ocala, FL 34470 |
| Remove | <u>S</u> | JULIA A MANCINI | PO BOX 1397 DUNNELLON, FL. 34430 US |
| 4) Change Add | <u>S</u> | STELLA H NEMUSESO | P. O. Box 772035 Ocala, FL 34477-2035 |
| Remove 5) Change | <u>D</u> | CHARLES E EADY | 4798 SW 116th PL Ocala FL 34476, US |
| Remove 6) Change Add | D | KEITH A CATON | PO BOX 557 DUNNELLON, FL. 34430 US |
| E. If amending or addin (attach additional sheet | | Articles, enter change(s) here: v). (Be specific) | |
| | | | |
| | | | |

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 De V Mike Je SV Sally Se | ones | |
|---|--|---|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change X Add | D | JULIA A MANCINI | PO BOX 1397 DUNNELLON, FL. 34430 US |
| Remove | | | |
| 2) Change Add | | - | |
| Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 51 Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. <u>If amending or addit</u> (attach additional shee | | icles, enter change(s) here: (Be specific) | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|--|---------------------|
| | |
| | |
| | |
| | |
| | |
| | <u>-</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| The date of each amendment(s) adoption: | , if other than the |
| Effective date if applicable: 04/26/2024 | |
| Effective date if applicable: too more than 90 days after amendment file date) | <u>-</u> - |
| 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. | e listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval. | |

| | 04/15/2024 |
|----------|---|
| Dated | |
| | |
| Signatur | |
| - | (By the chairman or vice chairman of the board, president or other officer-if directo |
| | have not been selected, by an incorporator – if in the hands of a receiver, trustee, of |
| | other court appointed fiduciary by that fiduciary) |
| | |
| | |
| | SEAN R THOMAS |
| | |
| | SEAN R THOMAS (Typed or printed name of person signing) |
| | |
| | |
| | (Typed or printed name of person signing) |