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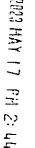


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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: IRON Side DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State:

(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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

(Document Number of Corporation (if known)	
o the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the follomi(s) to its Articles of Incorporation:	owing
ending name, enter the new name of the corporation:	
The distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Ly" or "Co." may not be used in the name	new Inc."
- -	
new principal office address, if applicable: I office address <u>MUST BE A STREET ADDRESS</u>)	,
r new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX)	
ending the registered agent and/or registered office address in Florida, enter the name of the	
egistered agent and/or the new registered office address:	
Name of New Registered Agent:	
(Florida sireet aidress)	-62 -
New Registered Office Address:	19
	SECRETATION SERVER
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istered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	

and address of each Of (Attach additional sheet: Please note the officer/d P = President; V= Vice	ficer and/or s. if necessar irector title b President; T = Chief Fina	Director being added: y) py the first letter of the offi = Treasurer: S= Secretar uncial Officer. If an office	ice title: y: D= Director; TR= Trus	director being removed and title, name, stee; C = Chairman or Clerk; CEO = Chi n one title, list the first letter of each office.	ief`
	aves the corp	oration, Sally Smith is na		PST and Mike Jones is listed as the V. Then would be noted as John Doe, PT as a Chan	
Example: X Change X Remove X Add	<u>V</u> <u>N</u>	ohn Doe like Jones ally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
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(attach additional she	ets, if necesse				

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this document was signed.	other piller (
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ective date if applicable: 6/5/23	
(no more than 90 days after amendment file date)	-
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	

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 8/15/23
Signature Mayo Johnson
(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)
MAYO Johuston
(Typed or printed name of person signing)
PRESIDENT AND DIRECTOR

SECRETALIANS SEE, FL