(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

ENZ INC			
bmitted for filing.			
tter to the following:			
(Name of Contact P	erson)		
(Firm/ Compan	y)		
(Address)			
			2024 SEC
(City/ State and Zip	Code)		CRETAI CRETAI
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ed for future annual re	port notification	on)	SSC 7
e call:			2: 1 E, F
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payable to the Florida	Department of	State:	
Certified Copy	Certi s Certi (Add	ficate of Status fied Copy itional Copy is	
		tion	
	(Name of Contact P (Firm/ Company (Address) (City/ State and Ziput and Zi	(Name of Contact Person) (Firm/ Company) (Address) (City/ State and Zip Code) (City/ State and Zip Code) (Area Code) (Area Code) (Area Code) (Additional copy is Certified Copy (Additional copy is enclosed) (Add Enclosed) (Street Address)	(Name of Contact Person) (Firm/ Company) (Address) (City/ State and Zip Code) (City/ State and Zip Code) (Area Code) (Daytime Telephoayable to the Florida Department of State: (S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed)

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

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

Articles of Amendment to Articles of Incorporation of

IRONHORSE SIRENZ INC		
Name of Corporation as currently filed with the Florida	Dept. of State)	
N24000005392		
(Document Numb	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corpora	ntion:	
NA		The new
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	NA	or "Inc."
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>(</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		SECRETAR
Name of New Registered Agent: NA		2 2
New Registered Office Address:	(Florida street address)	PH 2: 20 OF STAT SSEE, FL
	, Florida	<u>- 15</u>
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo		

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	PT John E V Mike J SV Sally S	ones		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change Add	SAA	ELLEN GREEN	3317 se fEDERAL HWY STUART, FL. 34997	
× Remove				
2) Change Add	TRE	SANDRA GARMEN	3317 SE FEDERAL HWY STUART, FL. 34997	
X Remove 3) Change Add Remove			2024 SEC T	
4) Change Add				3
Remove 5) Change Add			AHASSEE, F	, [T
Remove				-
6) Change Add				
Remove				
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)		
THE TWO OFFICERS A	ARE BEING REM	MOVED FROM THE CORPORATION.		
	<u>, </u>			
	<u></u>			

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of 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 6/15/2024
Signature (M/WM// (MY)) (By the chairman of 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)
CHRISTY CAMPBELL
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)

FILED
2024 JM 21 PH 2: 20
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE