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(Requestor's Name)	_
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(City/State/Zip/Phone #)	_
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: High Gear Speciali	ties Inc.		
DOCUMENT NUM	IBER: P02000007064			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Deanna Lee			
		Name of Contact Perso	on	_
	High Gear Specialties Inc.			
		Firm/ Company		_
	670 Garden Commerce PKW	Y		
		Address		- !
	Winter Garden Florida 34787	,		
		City/ State and Zip Coo	le	 ,
	dec@techmounts.com			
	-	sed for future annual repor	t notification)	•
For further informati	on concerning this matter, pleas	se call:		•
Deanna Lee		at (697-8609	
Name	of Contact Person	Area Co	ode & Daytime Telephone Num	ber
Enclosed is a check (or the following amount made	payable to the Florida Dep	partment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Di P.C	neiling Address mendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

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Articles of Amendment to Articles of Incorporation of

High Gear Specialities Inc	
(Name of Corporation as cu	irrently filed with the Florida Dept. of State)
P02000007064	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	ion:
High Gear Specialties Inc.	The new
	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2024
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as	
Name of New Registered Agent	
(Flo	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	
Signature of	New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	ones .		
X Add	\underline{SV}	Sally St	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) Change	·	_			
Add					
Remove				2024	
2) Change		_	·		i
Add					. 4.5 4
Remove 3) Change		_		. 3	
Add				9: 6	
Remove					
4) Change					
Add					
Remove					
5) Change		_			
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Remove					
6) Change		_			
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Remove					

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f an amendment provides for an exc provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:			
f an amendment provides for an exc provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:			
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provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:			

The date of each amendment(s) ad ate this document was signed.	option:	, if other than the
-		
ffective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
ote: If the date inserted in this bloocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
doption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder ac	ation and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendmer ficient for approval.	nt(s)
	oved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	2024 JUST
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	1 ;
by	(voting group)	TT, T
	Coloig group)	
5-15-24 Dated		9
Dated		
selected.	ector, president or other officer – if directors or officers have not bee by an incorporator – if in the hands of a receiver, trustee, or other cod fiduciary by that fiduciary)	
1	Deanna Lee	
-	(Typed or printed name of person signing)	<u> </u>
I	President	
-	(Title of person signing)	
	, , , , , , , , , , , , , , , , , , , ,	- 1514 DAY OF MAY
The Foregoing instrum	ent was acknowledged before me this)
Y DEANNA LEE A.	s President For High Guar Spice.	19/7/65 INC
L & Balon	سيسع	······
Lude Borbara	1 14 3 A KAP 130 150 C 1 167 + 1	Notary Public State of Florida Linda Mary Barbara
		My Commission HH 089983 Expires 02/08/2025
Personally Knows	X Produced I.D	