P05 0000 63538

(Via)

200439127892

Special Instructions to Filing Officer:

Office Use Only
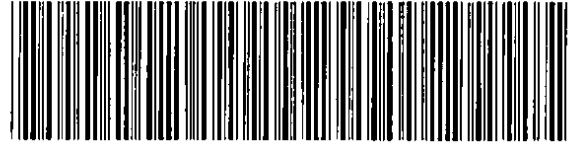
FILED
2024 NOV -6 PM 4: 21
SECRETARY OF STATE
TALLAHASSEE, FL

<u>**COVER LETTER**</u>

TO: Amendment Section
      Division of Corporations

**NAME OF CORPORATION:** IRA'S COMFORT ZONE INC.

**DOCUMENT NUMBER:** P05000063538

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David C. Tassell, Esq.
_____
Name of Contact Person

Joseph C. Kempe, P.A.
_____
Firm/ Company

941 N. Highway A1A
_____
Address

Jupiter, FL 33477
_____
City/ State and Zip Code

dctassell@kempelaw.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David C. Tassell, Esq.                    at ( 561 ) 747-7300
_____         _____
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    ☐$43.75 Filing Fee &    ☐$43.75 Filing Fee &    ☐$52.50 Filing Fee
                        Certificate of Status    Certified Copy       Certificate of Status
                                         (Additional copy is    Certified Copy
                                       enclosed)            (Additional Copy
                                                        is enclosed)

| **Mailing Address** | **Street Address** |
| --- | --- |
| Amendment Section | Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| | Tallahassee, FL 32303 |

**Articles of Amendment**
**to**
**Articles of Incorporation**
**of**

IRA'S COMFORT ZONE INC.

_____
**(Name of Corporation as currently filed with the Florida Dept. of State)**

P05000063538

_____
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

IRA'S VENTURES INC.
_____ *The new*
*name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.,"*
*"Inc.," or "Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word*
*"chartered," "professional association," or the abbreviation "P.A."*

**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)*

2024 NOV -6 PM 4:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

**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 _____
                                        *(City)*                                      *(Zip Code)*


**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*

**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)*

*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 | PT | John Doe |
| X Remove | V | Mike Jones |
| X Add | SV | Sally Smith |

| Type of Action (Check One) | Title | Name | Address |
|---|---|---|---|
| 1) ____ Change | _____ | _____ | _____ |
| ____ 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 Articles, enter change(s) here:**
(Attach *additional sheets, if necessary)* *(Be specific)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**
*(if not applicable, indicate N/A)*

_____

_____

_____

_____

_____

_____

_____

_____

November 2, 2024

**The date of each amendment(s) adoption:** _____ , if other than the
date this document was signed.

November 2, 2024

**Effective date if applicable:** _____

*(no more than 90 days after amendment file date)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s)**        **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____ ."

*(voting group)*

November 1, 2024

Dated_____

Signature [ *Ira Garfinkel* ]

(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)

Ira Garfinkel

_____
(Typed or printed name of person signing)

President

_____
(Title of person signing)