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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: The Art of Iron, Inc. DOCUMENT NUMBER: P06000033110 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Harold Sanders Name of Contact Person The Art of Iron, Inc. Firm/ Company 893 Hub Dr. Address Panama City, FL 32401 City/ State and Zip Code artofiron@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (850) 819-1500

Area Code & Daytime Telephone Number Harold Sanders Name of Contact Person 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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

The Art of Iron, Inc.

2022 APR 18 AM 11:41

(Name o	of Corporation as current	ty filed with the Florida	Dept. of States CRETARY 0-
P06000033110			Dept. of States CRETARY OF STATE
		of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporati	ion adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc," or "Co".	A professional corporati	ited" or the abbreviation "Corp.,"
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S		 	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
(Stuting duaress SEAT BE A LOST)	OTTREE BOA		
D. If amending the registered agent an	id/or registered office add	iress in Florida, enter th	e name of the
new registered agent and/or the new	w registered office addres	<u>ss:</u>	
Name of New Registered Agent	R. Waylon Thompson		
	314 Magnolia Avenue		
	(Florida si	treet address)	
New Registered Office Address:	Panama City		, Florida 32401
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			gations of the position.
1.6		X	
	Signature of New	Registered Agent, if chans	ging

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Debra S. Sanders	311 West 35th Court
Add X			Panama City, FL 32405
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
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<u>lf an amendm</u>	i <u>ent provides f</u>	or an exchar	nge, reclass	ification, or	cancellation	of issued sha	ires,	
provisions fo	or implementin plicable, indica	g the amend	<u>lment if not</u>	<u>contained i</u>	n the amend	ment itself:		
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The date of each amendment(.	s) adoption:	, if other than the
date this document was signed.		
	02/02/2022	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment re sufficient for approval.	nt(s)
	e approved by the shareholders through voting groups. The following states of for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	cast for the amendment(s).was/were sufficient for approval	
by		
	(voting group)	
Signature (By sel	4-14-2022 a director, president or other officer – if directors or officers have not bee ected, by an incorporator – if in the hands of a receiver, trustee, or other copointed fiduciary by that fiduciary) Harold Sanders	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	