## P08000095020

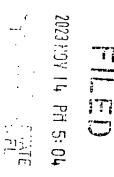
(Req	uestor's Name)	
(Addi	ress)	
(Adda		
(/ luci		
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAłL
(Busi	ness Entity Nan	ne)
(Doce	ument Number)	
(3004)	ament Namber,	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
	•	

Office Use Only



100418726971

11/14/23--01005--023 \*\*35.00





## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ALIAS TACTICA	L, INC.					
	BER:						
The enclosed Articles	of Amendment and fee are su	bmitted for filing	<b>ζ</b> .				
Please return all corres	pondence concerning this ma	tter to the follow	ing:				
	AMY MONTOPOLI						
		Name of Con	tact Persor	1			
	GUY D SPERDUTO CPA, PA						
	Firm/ Company						
	8963 STIRLING ROAD #10	1					
	<del></del>	Addre	ess				
	COOPER CITY, FL 33328						
		City/ State and	d Zip Code	2			
	AMY@ACCOUNTINGLIN	KUSA.COM					
	E-mail address: (to be us	sed for future ann	ual report	notification)			
For further information Amy Montopoli	n concerning this matter, pleas		54	830-9512			
	of Contact Parson	at ( <u></u>	Area Co.	830-9512 de & Daytime Telephone Number	—		
Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a check for	r the following amount made	payable to the Flo	orida Depa	artment of State:			
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Co (Additional c enclosed)	ру	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 shassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

## Articles of Amendment to Articles of Incorporation

ALIAS TACTICAL, INC.	FILED
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
208000095020	2023 MOY 14 PM 5: 04
·	ment Number of Corporation (if known): -5
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the c	orporation:
SCRIBBLES N THREADS, INC	The new
	corporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word eviation "P.A."
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC	<u></u>
	<del></del>
<ol> <li>If amending the registered agent and/or registe new registered agent and/or the new registered</li> </ol>	ered office address in Florida, enter the name of the 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 Reginereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
Sign	nature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> 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	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>Y</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	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				

Attach a	ling or adding add dditional sheets, if i	necessary). (B	le specific)				
	<del>.</del>						
_							
					• • • • •	·	
_				·			
						<u> </u>	
					·		
							-
							_
	***			·		· · · · · ·	•
				<del>_</del> -			
an ame	endment provides	for an exchang	e, reclassifica	tion, or cancel	ation of issued :	shares.	
<u>provisio</u> (if n	ons for implementi ot applicable, indic	ing the amendn	ient if not co	ntained in the a	mendment itsel	<u>l:</u>	
(9 //	or applicable, mare	<i>saic (071)</i>					
	_						
						·	
	· · · · · · · · · · · · · · · · · · ·						
		. <u> </u>					

The date of each amendment(	s) adoption:	, if other than the
	NOVEMBER 1, 2023	
Effective date if applicable:	(no more than 90 days after	amendment file date)
	is block does not meet the applicable statutor Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of dire	ctors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of e sufficient for approval.	votes cast for the amendment(s)
	approved by the shareholders through voting for each voting group entitled to vote separate	
"The number of votes	ast for the amendment(s) was/were sufficient	for approval
by		1.
	(voting group)	
NOVE! Dated Signature	ABER 1, 2023	
sele	a director, president or other officer – if direct cted, by an incorporator – if in the hands of a ointed fiduciary by that fiduciary)	
	AMY MONTOPOLI	
	(Typed or printed name of pers	on signing)
	P	
	(Title of person signing)	