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FO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: U.S. IRONWORK	S COMPANY	<u> </u>	
DOCUMENT NUME	BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	MICHAEL OWEN			
	-	Name of Contact Person	l	
	US IRONWORKS COMPA	NY		
		Firm/ Company		
	PO BOX 9220			
		Address		
	PANAMA CITY / FL / 3241	7		
		City/ State and Zip Code	:	
	aspco6@comcast.net			
	• •	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:)	
Name (of Contact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)	
	ling Address		Address	
	endment Section	Amendment Section		
	sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

U.S. IRONWORKS COMPANY (Name of Corporation as currently filed with the Florida Dept. of State) P10000035255 (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: 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) 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: MICHAEL R OWEN Name of New Registered Agent **1625 E CERVANTES ST** (Florida street address) **PENSACOLA** New Registered Office Address: (City) 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.

f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and iddress 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:

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 Doe X Remove $\underline{\mathbf{v}}$ Mike Jones SV Sally Smith <u>X</u> Add Address Type of Action <u>Title</u> Name 1 (Check One) ST JI H BUSHELL 328 WAHOO RD 1) ____ Change PANAMA CITY FL 32408 __ Add XXRemove P MICHAEL R OWEN 1625 E CERVANTES ST address PENSACOLA FL 32501 Add __ Remove JOSEPH J FANELL ST 110 WYCKSHIRE DR 3) ____ Change XXPATASKALA OH 43062 Add Remove JOSEPH J FANELL 4) _____ Change ____ Add Remove 5) Change Add Remove __ Change _ Add Remove

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
Λ				
				
·				
f an amendment provides for provisions for implementing (if not applicable, indicate)	the amendment if not cont	ion, or cancellation of i lained in the amendme	ssued shares, nt itself:	
0 SHARES ARE DIVIDED A	AS FOLLOWS: 450 TO JOS	EPH J FANELL, 450 TO	O GLENN BARD, 100 TO	
CHAEL OWEN.		-		
				
				

he date of each amendment(s) add ate this document was signed.	
.ffective date <u>if applicable</u> :	09-22-2020
<u></u>	(no more than 90 days after amendment file date)
ote: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	
	(voting group)
09/22/2020 Dated	
selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court dididiciary by that fiduciary)
1	MICHAEL R OWEN
-	(Typed or printed name of person signing)
i	PRESIDENT
-	(Title of person signing)