P1000035255

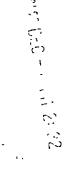
(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: US IRONWORKS	COMPANY		
DOCUMENT NUMI	BER: P10000035255			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MICHAEL OWEN			
		Name of Contact Person	1	
	US IRONWORKS CO			
		Firm/ Company		
	PO BOX 9220			
		Address		
	PANAMA CITY / FL / 3241	7		
		City/ State and Zip Code		
	mowen@usironworks.us			7,
	E-mail address: (to be us	sed for future annual report	notification)	() 3
For further informatio	n concerning this matter, plea			(
Name	of Contact Person	at (at () de & Daytime Telephone Number	
rame	or contact retson	Area co	ac a sayımıc relephone relineci	
Enclosed is a check for	or 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)	
Am Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LIS IRONWORKS COMPANY

(Name of Corneration	as currently filed with the F	'larida Dent of State)	· -
P10000035255	ras correlaty fried with the r	iorida izep or otate	
(Docume	nt Number of Corporation (if k	(nown)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this <i>Florida Profit Co</i>	rporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the cor	poration:		
			The new
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or "Co". A professional co		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0		
(Maning and the Maning and Maning	<u>-</u>		
			· ·
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		nter the name of the	-
Name of New Registered Agent	<u> </u>		
	(Florida street address)		. , ,
New Registered Office Address:	//**	, Florida	
	(City)	(2.1)	n Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent:	w obligations of the position	,
The same approximate and agreement agreement and agreement agreement and agreement agreement and agreement agreement agreement agreement and agreement			
Signati	ure of New Registered Agent, i	f 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
\underline{X} Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JOSEPH J LEONARD	735 CRIBBS ST
XX Add			GREENSBURG, PA 15601
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
1.0	
•	
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

	11/01/2023	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
-	/01/2023	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder a	ection and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendme sufficient for approval.	ent(s)
must be separately provided f	pproved by the shareholders through voting groups. The following stator each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
11/01/20	23	
Dated		
Signature 1	Maliner	en :
(By a selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other cinted fiduciary by that fiduciary)	court S
	MICHAEL R OWEN	1.
	(Typed or printed name of person signing)	
	PRESIDENT	12
	(Title of person signing)	