P10000035255

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S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: US IRONWORKS	COMPANY	
	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		
	US IRONWORKS CO	Name of Contact Person	1
		Firm/ Company	
	PO BOX 9200	Time company	
		Address	
	PANAMA CITY FL 32417		
		City/ State and Zip Code	E
	mowen@usironworks.us		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call: at (850	814-1595
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810
		Tallaha	ssee, FL 32303

Articles of Amendment Articles rporation

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of	5- /	21
JS IRONWORKS COMPANY		2
(Name of Corporation as currently filed with the Florida Dept. of State)	ا بد: ۱۰۰	F
210000035255	C.	_
(Document Number of Corporation (if known)		<u>.</u> t:
ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the follow	ing ame	
s Articles of Incorporation:		<u></u>
. If amending name, enter the new name of the corporation: \mathcal{N}/\mathcal{A}	,	* -
	The	new
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevial Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must conchartered," "professional association," or the abbreviation "P.A." 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	ain the	word
Enter new mailing address, if applicable: \nearrow		
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:		
(Florida street address)		
New Registered Office Address: , Florida (City) (Zi	p Code)	
lew Registered Agent's Signature, if changing Registered Agent: 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)

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	VP	JOSEPH J LEONARD	735 CRIBBS ST
Add			GREENSBURG PA 15601
XX Remove			
2) Change			·
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or equeellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	amending or adding additional Article	(Paramoles)
an amendment provides for an exchange reclassification, or cancellation of issued shares.	ttach adaitional sneets, if necessary).	(Be specific)
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The date of each amendment	MARCH 1, 2024	_, if other than the
date this document was signed		<u> </u>
Effective date <u>if applicable</u> :	MARCH 1, 2024	
	(no more than 90) days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will he Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
must be separately provide	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s): s cast for the amendment(s) was/were sufficient for approval	2024 JUL 11 PH 5: 54
by	(voting group)	
MAR(DatedSignature	MAN	<u></u>
(B	y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court opointed fiduciary by that fiduciary)	_
	MICHAEL R OWEN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	