

5/9/24, 2:04 PM

P11000029760

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (352)617-6380

From: Account Name : FLORIDA LICENSES AND CORPORATIONS INC
Account Number : 120080000068
Phone : (305)446-3441
Fax Number : (305)446-3452

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
FIREFSTOPPING SERVICES GROUP, INC.**

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
FIRESTOPPING SERVICES GROUP, INC.
P11000029760**

A pursuant provision of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or Deleted)

IN ARTICLE VI THE FOLLOWING OFFICER IS BEING DELETED:

IGNACIO BERSAL (SECRETARY)
700 N DOUGLAS ROAD
PENSACOLA FL 32504

STATE OF FLORIDA
COUNTY OF ESCROW
FILED

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SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 05.04.2024

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FOURTH: Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group to vote separately on the amendment(s).

The number of votes cast for the amendment(s) was/were sufficient for approval by _____
Voting group

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 4 day of MAY 2024

Signature _____
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR
(By a director if adopted by the directors)

OR
(By an incorporator if adopted by the incorporators)

CARLOS BERNAL
Typed or printed name

PRESIDENT
TITLE

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STATE
MISSISSIPPI