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C. GOLDEN

JUL - 8 2017

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: __ IRONTOWERS,CORP **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ARIADNA HIERRO Name of Contact Person IRONTOWERS, CORP Firm/ Company 4471 NW 36 ST Address MIAMI SPRINGS FL 33166 City/ State and Zip Code TOWERS.IRON@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARIADNA HIERRO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **■** \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2017 JUN 29 AH 9:44

IRONTOWERS, CORP

(Name of Corporation as currently filed with the Florida Dept State) ATT OF STATE TALLAHASSEE, FLORIDA P15000021552 (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: ARIADNA HIERRO Name of New Registered Agent 4471 NW 36 ST (Florida street address) MIAMI SPRINGS 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

If amending the Officers and/or Director's, 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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ISLEIVY TORRES	4471 NW 36 ST
Add X Remove			MIAMI SPRINGS FL 33166
2) Change	P	ARIADNA HIERRO	4471 NW 36 ST
XAdd			MIAMI SPRINGS FL 33166
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			·
Remove			
6) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	,
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(06/15/2017 s) adoption:'	, if other than the
date this document was signed. Effective date if applicable:	06/15/2017	
Effective date <u>it applicable</u> :	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this date Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(re sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	er
■ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
06/15/2 Dated	Dave	
(By sel	a director, president or other officer—if directors or officers have not been ected, by an incorporator—if in the hands of a receiver, trustee, or other coupointed fiduciary by that fiduciary)	rt
	ARIADNA HIERRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·····