P15000062637

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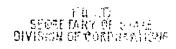
C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GO2 WEAPONS I	NC.		
DOCUMENT NUMB	P15000062637			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this mat	tter to the following:		
	VICTOR M TORO			
·		Name of Contact Person		
	NY BOOKKEEPING INC			
•		Firm/ Company		
	2405 HAMILTON ROAD			
•	Address			
NORTH BELLMORE, NY 11710				
-		City/ State and Zip Code		
VICJI	ESS05@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report r	notification)	
For further information concerning this matter, please call:				
VICTOR M TORO		at (_)	
Name o	of Contact Person	Area Cod	le & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depar	rtment 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)	
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Division Clifton 2661 Ex	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of



15 OCT 23 AMII: 23

(Name of Corporation	n as currently filed with the Flo	orida Dept. of State)
P15000062637		
(Docume	ent Number of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, Florida state of Incorporation:	Statutes, this Florida Profit Corp	poration adopts the following amendment(s
A. If amending name, enter the new name of the cor	poration:	
		The new
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp," ord "chartered," "professional association," or the a	" "Inc," or "Co". A profession	
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u>		
	.	
	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
-		
	****	· · · · · · · · · · · · · · · · · · ·
 If amending the registered agent and/or registered new registered agent and/or the new registered o 		er the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
· · · · · · · · · · · · · · · · · · ·	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stavad Aganti	
hereby accept the appointment as registered agent. I		obligations of the position.
	ture of New Registered Agent. if	

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 <math>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	Р	GARY L. CARNEY	1825 Minuteman Causeway #302
X Add			Cocoa Beach, FL 32931
Remove			
2) Change	VP	JAMES M. HOFFMAN	106 LANTERNBACK ISLAND
X Add			DRIVE
Remove			SATELLITE BEACH, FL 32937
3) Change	T	RICHARD J. MCCOURT	8505 PADOVA COURT
xAdd		-	ORLANDO, FL 32937
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
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 provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
	· ·

The date of each amendment(s) adoptio	n;	Sucar if other than the
date this document was signed.		OIVISAN OF CORPORATIONS
Effective date if applicable:		15 OCT 23 AHTI: 23
	(no more than 90 days after amendment file date)	- 20 MILL: 53
Note: If the date inserted in this block of document's effective date on the Department	loes not meet the applicable statutory filing requirements, ent of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders was/were sufficier	by the shareholders. The number of votes cast for the amendat for approval.	lment(s)
	by the shareholders through voting groups. The following woting group entitled to vote separately on the amendment(
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	by the board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and shareho	lder
OCTOBER 16, 2	015	
Dated	11/1	
Signature	w///NI	
	, president or other officer – if directors or officers have no	t been
	in incorporator - if in the hands of a receiver, trustee, or oth	er court
appointed fid	uciary by that fiduciary)	
RICH	IARD J. MCCOURT	
	(Typed or printed name of person signing)	
TREA	ASURER	
	(Title of person signing)	