P1000083138

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(Address)				
(Address)				
(City/State/Zip/Phone #)				
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ____ International Firearms Inc P16000083138 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rodolfo Hanabergh Name of Contact Person Firm/ Company 2174 SW 185 Avenue Address Miramar FLorida 33029 City/ State and Zip Code rhdoc@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rodolfo Hanabergh M.D. Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Street Address** Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

international rifeatins inc	o T	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	
216000083138		
(D No	- CO	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following ame	
ts Articles of Incorporation:	3	
A. If amending name, enter the new name of the corporation:	7	
cterus Arms Inc	The	
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or	"Co". A professional corporation name must contain	
word "chartered," "professional association," or the abbreviation		
3. Enter new principal office address, if applicable:	2061 SW 70th Avenue, # F-1	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Davie, FL 33317	
C. Enter new mailing address, if applicable:	2174 SW 185th Avenue	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
	Miramar, FL 33029	
). If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the	
new registered agent and/or the new registered office addre	ess:	
Name of New Registered Agent		
Mane of then riegistered rigest		
(Florida s	street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	
hereby accept the appointment as registered agent. I am familia		
	•	
Signature of New	Registered Agent, if changing	

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
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)
	A CONTRACTOR OF THE CONTRACTOR
	A STATE OF THE STA
	The state of the s
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame-	ndment if not contained in the amendment itself:
(if not applicable indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient f	or approval
by(voting group)	**
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shar action was not required.	eholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	der action and shareholder
March 01.2017	
Dated	
Ola calia com	
Signature	ors or officers have not been
selected, by an incorporator – if in the hands of a r	
appointed fiduciary by that fiduciary)	, ,
RODOLFO HANABEA	R6H
(Typed or printed name of person	on signing)
President	•
(Title of person sign	ning)