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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: 1. IRON SERVICE	ES & SUPPIES, CORP			
DOCUMENT NUMB	P1700005337				
The enclosed Articles of	of Amendment and fee are su	bmitted for tiling.			
Please return all corres	pondence concerning this ma	tter to the following:			
		JOEL JOMOLCA			
-	Name of Contact Person				
	J. IRON SERVICES & SUPPLES, CORP				
-	Firm/ Company				
-					
HOMESTEAD, FL 33033					
City/ State and Zip Code					
	joeljo	molca@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	5	
For further information	concerning this matter, pleas	se call:		) 04 9: 50 0 10 10 10 10 10 10 10 10 10 10 10 10 10	
JOEL JOMOI	LCA	at ( 786	319-8381	o j	
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee	□S43.75 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)		
<u>Mail</u>	ing Address	Street	Address		

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

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

## Articles of Amendment

to

### Articles of Incorporation

of

#### J. IRON SERVICES & SUPPIES, CORP

	tly filed with the Florida Dept. of State)	
P17000053377		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the follow	ing amendment(s) t
A. If amending name, enter the new name of the corporation:  J. IRON SERVICES & SUPPLIES, COR	P	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mus	abhreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
D. If amending the registered agent and/or registered office add		- 8 × 100 ×
new registered agent and/or the new registered office addres	<u>ss:</u>	
Name of New Registered Agent		<u></u>
(Florida s	treet address)	_
New Registered Office Address:	. Florida	
The state of the s		p (Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	at: with and accept the obligations of the position	ı.
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 De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1)Change		_		
Add				·
Remove				
2) Change				
Add	<del>-</del>	<del></del>		
Remove				
3 ) Change		_		
Add				
Remove				
4) Change	<del></del>	_		
Add				
Remove				
5) Change		_		
Add			<del> </del>	
Remove				
6) Charas				
6) Change		_		
Add				
Remove				

E. If amending or adding additional A (Attach additional sheets, if necessar	vrticles, enter change(s) her	<u>re</u> :	
N/A	,,, (,,, epitty,,		
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E. If an amondment veryides for an a	ankanas usalamiftastisa -		L
<ul> <li>If an amendment provides for an e provisions for implementing the a</li> </ul>	mendment if not contained	in the amendment itself:	nares,
(if not applicable, indicate N/A	)		
N/A			
<del></del>			
		· · · · · · · · · · · · · · · · · · ·	
<u> </u>			

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 statutory filing requirements, this document's effective date on the Department of State's records.	is 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 votes cast for the amendment by the shareholders was/were sufficient for approval.	sent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled 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 sharehaction was not required.	nolder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	er
Dated	
(By a tree for, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
JOEL JOMOLCA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	-