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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: REED	MILITARY S	SPARES, INC.
DOCUMENT NUME	ber: <u>P1700</u>	10068331	0
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MAR	Y E REE	0
		. varie of contact for	011
	REED	MILITARY	SPAKES INC.
		Firm/ Company	
	2614	- Cove CA)	/ #402
		Address	
	CLEA	RWATER, 1	Florida 33760
		City/ State and Zip Co	ode
		JE @ AMAIL.	
	concerning this matter, pleas	e call: 248	8-217-7932 5,961-8991
	of Contact Person	at (<u></u>	Code & Daytime Telephone Number
	r the following amount made		•
□ \$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)
*******	ling Address		et Address
Ame	nament Section	Amei	ndment Section

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

FILED

Articles of Amendment to

Articles of Incorporation of

17 SEP 25 AM 9: 13

SEMETARY OF PIMER THE ARASSITE FEMALOA

to

KEED MILITARY SPARES	INC.
(Name of Corporation as currently	
REED OUD OUR NO P	17000068330
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
REED MILITARY SAL name must be distinguishable and contain the word "corporation."	ES INC. The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A Dane
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A some
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	N/A same
(Florida street New Registered Office Address: (C.	ity) A., Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
N/	A same
Signature of New Reg	istered 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: XChange	<u>PT</u>	John Doe		10
X Remove	<u>v</u>	Mike Jones	, \	
X Add	<u>sv</u>	Sally Smith	N)
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	f	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				···
Remove				
4) Change				
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change		_		
Add				
Remove				

tach additional sheets, if necessary).	(ne specific)	- 1 1
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ovisions for implementing the ame	ange, reclassification, o	r cancellation of issued shares, in the amendment itself:
in amendment provides for an exch ovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, o adment if not contained	r cancellation of issued shares, in the amendment itself:
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ovisions for implementing the ame	ange, reclassification, on the new times of time	r cancellation of issued shares, in the amendment itself:

The date of each amendment(s) ado	ption: 9 21	2017 N	A	_, if other than the
date this document was signed. Effective date if applicable:	(no more than 90	2017 days after amendment	file date)	
Note: If the date inserted in this blo document's effective date on the Department		able statutory filing req	uirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adop by the shareholders was/were suff		number of votes cast fo	r the amendment(s)	
☐ The amendment(s) was/were appro must be separately provided for e				
"The number of votes cast fo	r the amendment(s) was/were	e sufficient for approval		
by	(voting group)		•••	
	(voting group)			
☐ The amendment(s) was/were adop action was not required.	ed by the board of directors	without shareholder acti	ion and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators with	out shareholder action a	nd shareholder	
DatedQ	21/2017			
Signature	Jun S.P.	oed		
(By a din	ector, presidentior other offic			_
	by an incomporator – if in the diduciary by that fiduciary)	hands of a receiver, tru	stee, or other court	
_	MARY E	= REEL)	<u></u>
	(Typed of printed n	name of person signing)	0	
_	Mary	V. Ke	ed_	
	(Title)	of person signing)		