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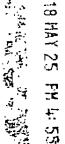
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: UNION IRON, IR	NC		
DOCUMENT NUMBER: P17000089959			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.		
Please return all correspondence concerning this man	atter to the following:		
LUIS M ROJAS			
	Name of Contact Person		
UNION IRON, INC			
	Firm/ Company		
13897 ARCLID STREET			
	Address		
ORLANDO, FL 32832			
	City/ State and Zip Code		
TREFILADOS@YAHOO.COM			
E-mail address: (to be u	ised for future annual report notification)		
For further information concerning this matter, plea	ase call:		
LUIS M ROJAS	at (
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Department of State:		
S35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy 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

UNION IRON I	INC	
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(Name of Corporation as current P1700089959	ttly filed with the Florida Dept. of S	tate)	
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts	the following amendmen	1(s) t
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation is	The new " or the abbreviation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	13897 ARCLID STREET		
	ORLANDO, FL 32832	8	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13897 ARCLID STREET	Y 25 P	: 1
	ORLANDO, FL 32832	7 PR C)
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of t	the	
Name of New Registered Agent			
(Florida s	treet address)		
New Registered Office Address:	, Flori		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	nt: with and accept the obligations of the	ue position	
	,	- p	
Signature of Non-	Revistered Avent if changing	<u> </u>	

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 Do	<u>oe</u>			
X Remove	Y	Mike Jo	<u>mes</u>			
_X Add	<u>sv</u>	Sally Sr	nith			
Type of Action (Check One)	Title		<u>Name</u>		<u>Addres</u> s	
1) Change		_				
Add					-	
Remove						
2) Change						
		_				
Add						
Remove						
3) Change		-				
Add						
Remove						
4) Change						
Add		_		· · · · · · · · · · · · · · · · · · ·		
Remove						· · · · · · · · · · · · · · · · · · ·
Kemove						
5) Change		_			<u> </u>	
Add						
Remove				•	•	
					,	
6) Change		_				
Add					·	
Remove						

Attach <i>additi</i>	onal sheets, if necessar	ry). (Be specific)			
					
	<u> </u>				
			· · · · ·		
		<u> </u>		 -	
	 -				
			- -		
			·	· · · · · · · · · · · · · · · · · · ·	
					
<u>f an amendr</u>	nent provides for an e	exchange, reclassifica	ation, or cancellation	of issued shares,	
<u>provisions f</u>	or implementing the a	amendment if not cor	ntained in the amend	lment itself:	
(if not a _l	oplicable, indicate N/A	1)			
			<u>-</u>		
					
<u>.</u>					
			<u> </u>		
					

	05/22/2018	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
·	15/22/2018	
Effective date if applicable: _	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, 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 by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	nent(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following sto for each voting group entitled to vote separately on the amendment(s):	ttement
	ast 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 sharel	ıolder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholde	भ
05/2 2 /2 Dated		
Signature 7	Ly maily	
sele	a director, president or other officer – if directors or officers have not be sted, by an incorporator – if in the hands of a receiver, trustee, or other binted fiduciary by that fiduciary)	
	LUIS M ROJAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	