## P18 0000 59860

| (Re                     | equestor's Name)   |                    |
|-------------------------|--------------------|--------------------|
| (Ad                     | ldress)            |                    |
| (Ad                     | ldress)            |                    |
| (Cit                    | ty/State/Zip/Phone | <del>&gt;</del> #) |
| PICK-UP                 | ☐ WAIT             | MAIL               |
| (Bu                     | siness Entity Nan  | ne)                |
| (Do                     | ocument Number)    |                    |
| Certified Copies        | _ Certificates     | of Status          |
| Special Instructions to | Filing Officer:    |                    |
|                         |                    |                    |
|                         |                    |                    |
|                         |                    |                    |

Office Use Only



300347276583

07/08/20--01004--017 \*\*35.00

2620 JUL +8 PK 1: 48

Millind

AUG 1:9 2020 I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee. FL 32314

| NAME OF CORPO           | RATION: LHR/FMS INC  |  |  |
|-------------------------|--|--|--|
| DOCUMENT NUM            | BER: P18000059860  |  |  |
|                         | s of Amendment and fee are su  | bmitted for filing.  |  |
| Please return all corre | espondence concerning this ma  | itter to the following:  |  |
|                         | Frank Knight   |  |  |
|                         |  | Name of Contact Person   | <u> </u>   |
|                         | LHR/FMS INC  |  |  |
|                         |  | Firm/ Company  |  |
|                         | 451 South Old Corry Field R  | rD   |  |
|                         |  | Address  |  |
|                         | Pensacola, FL 32507  |  |  |
|                         |  | City/ State and Zip Cod  | e  |
|                         | frank@frankensteinmotorspo   | orts.com   |  |
|                         | E-mail address: (to be us  | sed for future annual report                                       | notification)  |
| For further information | on concerning this matter, plea  | se call:   |  |
| Frank Knight            |  | at ( <u>850</u>  | 332 6096   |
| Name                    | of Contact Person  |  | de & Daytime Telephone Number  |
| Enclosed is a check f   | or the following amount made   | payable to the Florida Depa  | artment of State:  |
| S35 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) |
| Am<br>Div               | iling Address<br>lendment Section<br>vision of Corporations<br>D. Box 6327 | Amend<br>Divisio   | Address ment Section n of Corporations entre of Tallahassee                            |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| LHR/FMS INC  |                           |   |                |              |
|--|---------------------------|---|----------------|--------------|
| (Name of Corporation as curren   | tly filed with the Florid | da Dept. of State)                      |                |              |
| P18000059860   |                           |   |                |              |
| (Document Number   | of Corporation (if know   | m)                                      |                |              |
| dursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:  | s Florida Profit Corpor   | ation adopts the follo                  | owing amendme  | ent(s        |
| . If amending name, enter the new name of the corporation:   |                           |   |                |              |
|  |                           |   | The new        | ٠.           |
| ame must be distinguishable and contain the word "corporation,"<br>Inc.," or Co.," or the designation "Corp," "Inc," or "Co".<br>chartered," "professional association," or the abbreviation "P.A. | A professional corpora    | orated" or the abbrevation name must co | viation "Corp" | ••           |
| B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )   |                           | ·                                       |                |              |
|  | <u></u>                   |   | 29             |              |
|  |                           |   | 7027.          |              |
| Enter new mailing address, if applicable:  |                           |   |                | . <b>.</b> . |
| (Mailing address MAY BE A POST OFFICE BOX)   |                           | <del></del> -                           | <u> </u>       |              |
|  | <del></del>               |   | <del></del>    | , I<br>      |
|  | <u></u>                   |   |                | ٠            |
| . If amending the registered agent and/or registered office add  | dress in Florida, enter   | the name of the                         | 1,8            |              |
| new registered agent and/or the new registered office addres   |                           |   |                |              |
| Name of New Registered Agent   |                           |   | <u> </u>       |              |
|  |                           |   |                |              |
| (Florida si  | treet address)            | -                                       |                |              |
|  |                           | , Florida                               |                |              |
| New Registered Office Address:   | <del></del> _             |   |                |              |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

| <u>X</u> Change               | <u>P1</u>    | John Doe     |                     |
|-------------------------------|--------------|--------------|---------------------|
| X Remove                      | <u>V</u>     | Mike Jones   |                     |
| <u>X</u> Add                  | <u>sv</u>    | Sally Smith  |                     |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>  | <u>Addres</u> s     |
| 1) X Change                   | CEO          | Frank Knight | 2017 W Belmont St   |
| Add                           |              |              | Pensacola, FL 32501 |
| Remove                        |              |              |                     |
| 2) Change                     | CFO          | Jason Gainer | 4634 Deerfield Dr   |
| X Add                         |              |              | Pensacola FL 32526  |
| Remove 3) Change              |              |              |                     |
| Add                           |              |              |                     |
| Remove                        |              |              |                     |
| 4) Change                     |              |              |                     |
| Add                           |              |              |                     |
| Remove                        |              |              |                     |
| 5) Change                     |              |              |                     |
| Add                           |              |              |                     |
| Remove                        |              |              |                     |
| რ) Change                     |              |              |                     |
| Add                           |              |              |                     |
| Remove                        |              |              |                     |

| Attach additional sheets, if necessary).  | (Be specific)          |   |                           |             |
|---|------------------------|---|---------------------------|-------------|
|   |                        |   |                           |             |
|   |                        |   |                           |             |
|   |                        |   |                           |             |
| · · · · · · · · · · · · · · · · · · ·   |                        | <del></del> -                                   | ···                       |             |
|   | ·                      | <del></del>                                     |                           |             |
| · · · · · · · · · · · · · · · · · · ·   |                        |   |                           |             |
|   |                        |   |                           |             |
|   |                        |   |                           |             |
|   |                        | <del></del>                                     |                           | <del></del> |
|   |                        |   | ·                         |             |
|   |                        |   | <del></del>               | _           |
|   |                        |   |                           |             |
|   |                        |   |                           |             |
|   | <u> </u>               | ··  |                           |             |
|   | <del></del>            |   |                           |             |
| <del></del>   |                        |   | ···                       |             |
| _   |                        |   |                           |             |
|   |                        |   |                           | -           |
|   |                        |   |                           |             |
| f an amendment provides for an exch<br>provisions for implementing the ame<br>(if not applicable, indicate N/A) | ange, reclassification | 1, or cancellation of is<br>ned in the amendmen | sued shares,<br>t itself: |             |
|   |                        | · · · · · · · · · · · · · · · · · · ·           |                           |             |
|   |                        |   |                           |             |
|   |                        |   |                           |             |
|   |                        |   | -                         |             |
|   |                        |   |                           |             |
|   |                        |   |                           |             |
|   |                        |   |                           |             |

|   | 7/6/2020  |
|---|---|
| The date of each amendment(s)   | adoption:, if other than the  |
| date this document was signed.  |   |
|   | 5/2020  |
| Effective date <u>if applicable</u> :                                 |   |
|   | (no more than 90 days after amendment file date)  |
| Note: If the date inserted in this document's effective date on the E | block does not meet the applicable statutory filing requirements, this date will not be listed as the department of State's records.  |
| Adoption of Amendment(s)  | (CHECK ONE)   |
| The amendment(s) was/were ac<br>action was not required.              | dopted by the incorporators, or board of directors without shareholder action and shareholder   |
| ☐ The amendment(s) was/were ac<br>by the shareholders was/were s      | lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.  |
|   | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):   |
| "The number of votes cas  | t for the amendment(s) was/were sufficient for approval   |
| by  | **  |
| · · · · · · · · · · · · · · · · · · ·                                 | (voting group)  |
| 7/6/2020<br>Dated   |   |
|   |   |
| select  | firector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) |
|   | Frank P. Knight   |
|   | (Typed or printed name of person signing)   |
|   | CEO   |
|   | (Title of person signing)   |