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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: STIE	9011140	G CORP
DOCUMENT NUMB	ER: P21000	9011140	
	f Amendment and fee are su		
Please return all corresp	oondence concerning this ma	tter to the following:	
	MAT	THEW CT	FG
-		Name of Contact Person	
-	980	Firm/ Company 4 Roden We	
-	FORT	Address  MY ERS, FL  City/ State and Zip Code	33908
_		City/ State and Zip Code	
	msti	eg @gmail. com	
		ed for future annual report noti	
For further information	concerning this matter, pleas	se call:	
MATTH	EW STIEG	at ( 239)	896-8140
Name o	f Contact Person	Area Code &	Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Departm	ent of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is	\$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, Fi. 32314		The Centr 2415 N. M	

## Articles of Amendment Articles of Incorporation

FILED

COR 2021 HAR 25 PM 6: 25

STIEG GRINDING CORPSIDED ARY OF STATE

(Name of Corporation as currently filed with the Florida Dept. of State) ARY OF STATE

(Name of Corporation as currently filed with the Florida Dept. of State) ARY OF STATE

(Name of Corporation as currently filed with the Florida Dept. of State) ARY OF STATE

(Name of Corporation as currently filed with the Florida Dept. of State) ARY OF STATE P210000111140

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

		The new
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrev	or "Co". A professional corpo	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD)</u>	<u>RESS</u> )	
	<del></del>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered or	<u>ed office address in Florida, ente</u> office address:	er the name of the
Name of New Registered Agent		
	(Fluid and June)	
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
	(City)	(1.4) Code)
New Registered Agent's Signature, if changing Regi-	stered Agent:	
I hereby accept the appointment as registered agent. 1	am familiar with and accept the o	obligations of the position.
Signal	ture of New Registered Agent, if cl	hanoino

Check if applicable

☐ 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)

Example:

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.

X Change	PI John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	Address (saye)
1) Change	P President	STIEG, MATTHEWD	Address (same)  9804 Bodego Way #105  Fort Myers, Fl 33908
Add	President		fort Myers, Fl 33908
Remove 2) Change	0	STIEG, ROBERT W	(same)
Add Remove 3) Change			
Add			
Remove 4) Change Add			
Remove  5) Change			
Add			
Remove 6) Change			
Add			
Remove			

mending or adding additional Articles, enter change(s) buch additional sheets, if necessary). (Be specific)	<u>rere</u> :
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
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	/
n amondment provides for an exchange reclassification	or cancellation of Issued shares.
n amendment provides for an exchange, reclassification, ovisions for implementing the amendment if not contained (if not applicable, indicate N/A)	ed in the amendment itself:
(if not applicable, indicate N/A)	
	/
	<del>/</del>
/	
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.

The date of each ame	ndment(s) adoption: 3/9/2/	, if other than the
date this document wa	signed.	
Effective date <u>if appli</u>		
	(no more than 90 days a	fter amendment file date)
Note: If the date insed document's effective d	rted in this block does not meet the applicable state on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendn	ent(s) ( <u>CHECK ONE</u> )	
The amendment(s) action was not requ	was/were adopted by the incorporators, or board of red.	directors without shareholder action and shareholder
	was/were adopted by the shareholders. The numbe was/were sufficient for approval.	r of votes cast for the amendment(s)
	was/were approved by the shareholders through vo provided for each voting group entitled to vote sep	
"The number	of votes cast for the amendment(s) was/were suffic	ient for approval
by		
	(voting group)	
Date	3/25/21	
Sign	ature MS	Preside -
2.5.	(By a director, president or other officer – if of selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	irectors or officers have not been
	MATTHEW	D STIEG
	(Typed or printed name of	person signing)
	President	
	(Title of person signing)	