## P21000052511

(Requestor's Name)	
(Address)	400372684284
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	09/03/2101034001 **35.00
(Document Number)	
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations, NAME OF CORPORATION: IRONBOUND ENTERPRISES INC DOCUMENT NUMBER: P21000052511 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSEPH STOIA Name of Contact Person IRONBOUND ENTERPRISES INC Firm/ Company 5161 NE 18TH AVE UNIT 13 Address FORT LAUDERDALE FL 33334 City/ State and Zip Code IRONBOUNDENTERPRISES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSEPH STOIA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

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Al CO		
P21000052511	rrently filed with the Florida Dept. of State)	
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc." or "Co "chartered," "professional association," or the abbreviation "	o". A professional corporation name must co	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del></del>	2021 SI
		1
		<u></u>
<ul> <li>If amending the registered agent and/or registered office new registered agent and/or the new registered office ad</li> </ul>		: 21
Name of New Registered Agent		
(Flor	rida street address)	
New Registered Office Address:	. Florida	(Zip Code)
	(0.09)	mp com/
New Registered Agent's Signature, if changing Registered A lamfameter as registered agent. I am fam	Agent: niliar with and accept the obligations of the posit.	ion.
	N/ 0 (4	<u></u>
Signature of S	New Registered Agent, if changing	

## 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	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>		
X Add	<u>SV</u> <u>Sa</u>	Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	V	JOSEPH STOIA	5161 NE 18TH AVE #13
Add			FORT LAUDERDALE, FL 33334
Remove			5161 NE 18TH AVE #13
2) Change	P	WENDY SPAULDING	FORT LAUDERDALE FL 33334
X Add		-	
Remove 3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change			
Add			
Remove			

	if necessary).	(Be specific)			
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If an amendment provide	es for an excha	ange, reclassificati	ion, or cancellation	of issued shares,	
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f an amendment provident provisions for implement (if not applicable, income the content of the	nting the amen	ange, reclassificati	ion, or cancellation ained in the amend	of issued shares, dment itself:	
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provisions for implement	nting the amen	ange, reclassificated anger if not cont	ion, or cancellation	n of issued shares, dment itself:	

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The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date <u>if applicable:</u>
(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 date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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)
Dated 9221 Signature Seph Ston.
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Vice Piesident (Title of person signing)