P22000017670

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C. BRUMBLEY
MAR 2 9 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: East COOST TOOLING COLD			
DOCUMENT NUMBER: P22000017670			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Martha Springer Name of Contact Person			
East Coast Tooling Firm/ Company 3000 Wilson Blud N. Address			
Maples, FL 34120 City/ State and Zip Code			
E-mail address (1) be used for future annual report notification)			
For further information concerning this matter, please call:			
Martha Springer a. (603) 957-8283			
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:			
\$35 Filing Fee \$\sum \frac{1}{2}\$\$43.75 Filing Fee & \$\sum \frac{1}{2}\$\$\$43.75 Filing Fee & \$\sum \frac{1}{2}\$\$\$\$\$43.75 Filing Fee & \$\sum \frac{1}{2}\$			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

Articles of file of poration	
_ of	
East Caost Tooling Corp	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P22000017670	
(Document Number of Corporation (if known)	

Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatis</i> Articles of Incorporation:	orida Profit Corporation ado	pts the following amendment(
A. If amending name, enter the new name of the corporation: EAST COAST TOOLING name must be distinguishable and contain the word "corporation." "eor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	mpany, "or "incorporated" or	The new the abbreviation "Corp.," ne must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	2022 HAR 14
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	ss in Florida, enter the name	of the U.S. 27
New Registered Office Address: (Florida street	,	lorida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Registered Technology.	h and accept the obligations of NA	f the position.

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)

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name JiA	<u>Addres</u> s
1) Change		NIT	
Add		, and the second	
Remove			
2) Change		.	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	NIA			
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			<u> </u>		
					
an amendment provides for an exch provisions for implementing the ame	ange, reclassifi ndment if not c	cation, or cancel ontained in the	<u>llation of issued</u> amendment itse	shares,	
(if not applicable, indicate N/A)		1 A	1130	<u></u>	
	λ)	114			
		 			
				···· - ··· · · · · · · · · · · · · · ·	
					

The date of each amendment(s) adoption: date this document was signed.	3/10/2002	, if other than th
Effective date if applicable:	(no more than 90 days after amendment file date	·)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	he incorporators, or board of directors without shareh	nolder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the an or approval.	nendment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendme	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by	ooting group)	
(ı	roting group)	
selected, by an ir	esident or other officer – if directors or officers have accorporator – if in the hands of a receiver, trustee, or ary by that fiduciary)	
	MarthaSormac	
	(Typed or printed name of person signing)	
	Incorporator / Direct	toC