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COVER LETTER

TO: Amendment Section Division of Corporations KCV Manufacturing Group Inc. NAME OF CORPORATION: DOCUMENT NUMBER: **92200003773** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Manufacturing
Firm/Company 2105 FILLIP@ WARRIORGUN, com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303

Articles of Amendment

10

Articles of Incorporation

of

KCV Manufa	cturing	Group.	Inc.		
(Name of	Corporation as-carret	atly filed with the Flo	orida Dept. of Sta	nte)	
PIQO	0003773	A.			
	(Document Number	of Corporation (if kn	own)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, th	is Florida Profit Corp	poration adopts th	e following amo	endment(s) to
A. If amending name, enter the new na	me of the corporation:				
				The	
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co "chartered," "professional association," of	orp," "Inc." or "Co".	A professional corp	rporated" or the cooration name ma	ibbreviation "C ust contáin the	orp.," word
B. Enter new principal office address, if (Principal office address <u>MUST BE A ST</u>				20% S:	
			,,,	- 1	— 1 1
C. Enter new mailing address, if applie				- ξ):-, ω .o	: []
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)			<u> </u>	
)
				Fri I	ົ້ວ
D. If amending the registered agent and new registered agent and/or the new			ter the name of th	<u>ne</u>	
Name of New Registered Agent	WARRIO	R GUN R	LANGE		
	2105	400 log	Place		
-	(Florida	street address)			
New Registered Office Address:	DORAL		, Florid		2
		(City)		(Zip Code)	
New Registered Agent's Signature, if ch. Thereby accept the appointment as register).	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)

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 Doc 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 Doc, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Remove Y Mike Jones X Add SV Sally Smith Type of Action (Check One) Title Name (Check One) Change YP Jean Paul Preque 2105 NW 102 Plate X Add Doral FL 33172 Remove Remove Add Doral FL 33177 Remove T Patrick Munor 2105 NW 102 Plate X Add Doral FL 33177 X Add Doral FL 33177 X Add Remove Add Doral FL 33177 X Add Remove Add Doral FL 33177 X Add Remove Add Doral FL 33177 X Add Add Add Doral FL 33177 X Add Remove Add Add Add Add Add Add Add X Add Remove Add Add Add Add Add Add Add Add X Add X Add X Add Add Add Add Add Add Add X Add	
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(Check One) 1)	X Add
X Add	
Remove P	1) Change
2) X Change P PHILLIP X DIAZ 2105 NW 102 AA(E) Add DORAL FL 33177 Remove T Patrick Munoz 2105 NW 102 pt Y Add Darad FL 3317 Remove 4) Change	<u></u> ★ Add
Remove T Patrick Munoz 2105 Nw 102 Parcel FL 3317 Remove Change Chang	2) X Change
Remove	Remove Change
	Remove 4) Change
	5) Change
	6) Change Add

	sary). (Be specific)			
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f an amendment provides for a	n exchange, reclassificat	ion, or cancellation of i	ssued shares,	
	<u>e amendment if not con</u> '74)	lained in the amendmer	nt itsell:	
provisions for implementing th				
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: 0307 2023 (no more than 90 days after	
(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this block does not meet the applicable state focument's effective date on the Department of State's records.	nory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
PThe amendment(s) was/were adopted by the incorporators, or board of action was not required.	firectors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voti must be separately provided for each voting group entitled to vote separate.	ng groups. The following statement rately on the amendment(s):
"The number of votes east for the amendment(s) was/were suffici	
by(voting group)	······································
Dated 3 7 2023 Signature (By a director, president or other officer – if director)	rectors or officers have not been
selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	f'a receiver-trustee, ar other court
(Typed or printed name of	person signing)
(Title of person signing)	
(The or person signing)	