# P22000046960

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### COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPO	ORATION: DIV 3 WEAPON	S, INC.	
DOCUMENT NUM	P22000046960		
	es of Amendment and fee are su	ibmitted for filing.	
Please return ali cor	respondence concerning this ma	atter to the following:	
	Gage Marsil		
		Name of Contact Perso	on
	DIV 3 WEAPONS, INC		
		Firm/ Company	
	1440 S. Leavitt Ave		
		Address	
	Orange City, FL 32763		
		City/ State and Zip Cod	de
	gmurs:l@division3wcapons.	com	
	E-mail address: (to be us	sed for future annual repor	t notification)
For further informat	ion concerning this matter, plea	se call:	
Gage Marsil		386 at (	774-1020
Name	e of Contact Person	Area Co	774-1020 ode & Daytime Telephone Number
Enclosed is a check !	for the following amount made	payable to the Florida Der	partment of State:
S35 r Jing 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Amen Divisi The C	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### **Articles of Amendment** Articles of Incorporation of

DIV 3 WEAPONS, INC.	يسر
(Name of Corporation as currently filed with the Florida Dept. of State	
P22000046960	C.S. S.
(Document Number of Corporation (if known)	10 O
Pursuant to the provisions of section 607.4006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	following amending
A. If amending name, enter the new name of the corporation:	
	The new
name mass he distinguishable and contain the word "corporation," "company," or "incorporated" or the ab "Inc - or e to - or the Assignation "Corp," "Inc," or "Co" - A professional corporation name mus "charter, a - professional association," or the abbreviation "P.A."	breviation "Corp"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Er over est maiting address, if applicable: (Maitons, address MAY 3E A POST OFFICE BOX)	
D. Hams a fing the registing Lagent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	:
New of New Registered Agent	<del>_</del>
(Florida street address)	<del></del>
The area of the cost	
New Registered Optice Address:	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby the appointment as registered agent. I am familiar with and accept the obligations of the p	'
Signature of New Registered Agent, if changing	

Check if applicable  $\Box$  The arrestment(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 arthrional sheets, it necessary)

Please note the officer director title by the first letter of the office title:

 $P = Prese_{i}$ , at 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 = Casuarer, Executive would be PTD.

Changes of the control of the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. The Jones teaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones of as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>P:</u>	John Doe		
X Redieve	<u>.</u>	Mike Jones		
X Add	<u>5\</u>	Sally Smith		
Type of thon (Check Orla)	<u>title</u>	Name	<u>Addres</u> s	
1) change	2	Sarah Chinchor	1440 South Leavitt Avenue	
x Nud			Orange City, FL 32763	
chave	ŗ.	TIMOTHY Z. CHINCHOR	1460 S. LEAVITT AVE	
2) ,	; 		····	
			ORANGE CITY, FL 32763	
$\frac{X}{3}$   x = x = x = x = x = x = x = x = x = x	CEO	TIMOTHY Z. CHINCHOR	1440 S. LEAVITT AVE	
X Add			ORANGE CITY, FL 32763	
C. iove				
4)(	,	ROCCO SAVARIO DEROBERTIS	1440 S. LEAVITT AVE	
<u>X</u>			ORANGE CITY, FL 32763	
5,		TIMOTHY I. CHINCHOR	1440 S. LEAVITT AVE	
<u>X</u> ,			ORANGE CITY, FL 32763	
6)	CF0	GAGE MARSIL	1440 S. LEAVITT AVE	
X	-		ORANGE CITY, FL	

******	ling or adding additional Articles, enter change(s) here:  klitional sheets, it necessary). (Be specific)
	<u> </u>
<u>[ 50 :</u>	andment provides for an exchange, reclassification, or cancellation of issued shares,
provi	ons for implementing the amendment if not contained in the amendment itself:
	e applicable, indicate NA)
<del></del>	
<del></del>	

.

The date of each amendment(s) adoption:
date this comment was signed.
Effective hate if applicable:10/13/22
(no more than 90 days after amendment file date)
Note: e hate inserted in ans block does not meet the applicable statutory filing requirements, this date will not be listed as t iocuments effective date on the Department of State's records.
Adoption of Amendment(3) (CHECK ONE)
■ The anical iment(s) was were adopted by the incorporators, or board of directors without shareholder action and shareholder action. Its confrequence.
The arrangement(s) was were adopted by the shareholders. The number of votes cast for the amendment(s) by the soureholders was were sufficient for approval.
The solution may make well approved by the shareholders through voting groups. The following statement muse is a smallery provesed for each voting group entitled to vote separately on the amendment(s):
a number of these ast for the amendment(s) was/were sufficient for approval
hv.
hy
Dated 10/27/22
Signature
(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)
Gage Harsil Nyped or printed name of person signing)
Ayped or printed name of person signing)