P23000021337

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
ODNE			
J. HORNE			
SEP 1 3 2023			

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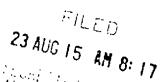
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Crazy Conez Inc	· - ·	·		
DOCUMENT NUMI	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Deborah Godfry				
		Name of Contact Person	l		
	Crazy Conez Inc				
	Firm/ Company				
	2686 Tamiami Trail # 4				
	Address				
	Port Charlotte, Fl 33952				
	. = =	City/ State and Zip Code			
	Crazyconez1@gmail.com				
		sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call: at (⁹¹⁴	980-1223		
Name o	of Contact Person	Area Coo	lc & Daytime Telephone Number		
Enclosed is a check fo	the following amount made				
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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, 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 to Articles of Incorporation of



Crazy Conez Inc (Name of Corporation as currently filed with the Florida Dept. of P23000021337 (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: A. If amending name, enter the new name of the corporation: Insane Conez Inc The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 2686 Tamiami Trail # 4 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Port Charlotte, Fl 33952 C. Enter new mailing address, if applicable: 2686 Tamiami Trail # 4 (Mailing address MAY BE A POST OFFICE BOX) Port Charlotte, Fl 33952 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address; Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (c), 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>	John Doo		
X Remove	<u>v</u>	Mike Jor	nes	
X Add	<u>\$V</u>	Sally Sm	ith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_	N/A	
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
の Change				
Add				
Remove				

. <u>If an</u> Attac	nending or adding additional Article ch additional sheets, if necessary).	s, enter change(s) n Be specific)	ere:		
√A/A					
			_ 		
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<u>. </u>					
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-					
f. If a	n amendment provides for an excha	nge, reclassification	or cancellation o	f issued shares,	
рго	ovisions for implementing the amen (if not applicable, indicate N/A)	iment if not contain	ed in the amendm	ent itself:	
N/A	(y not applicable, malcale 1921)				
	<u>, , , , , , , , , , , , , , , , , , , </u>				
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				· · · · · · · · · · · · · · · · · · ·	·-
		<u> </u>			<u></u>
	<u>-</u>				

The date of each amendment(s) a	August 8, 2023 doption:	, if other than th
date this document was signed.	,	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirements opartment of State's records.	s, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the ame afficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voling group)	
August 8,	2023	
selecte	director, president or other officer if directors or officers have and, by an incorporator – if in the hands of a receiver, trustec, or officer fiduciary by that fiduciary)	not been other court
	Deborah Godfry	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: Crazy Conez Inc		
DOCUMENT NUM	D22000021227		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return ail cor	respondence concerning this ma	tter to the following:	
	Deborah Godfry		
		Name of Contact Person	1
	Crazy Conez Inc		
	· · · ·	Firm/ Company	
	2686 Tamiami Trail # 4		
		Address	
	Port Charlotte, Fl 33952		
	··	City/ State and Zip Code	2
	Crazyconez1@gmail.com	•	
		sed for future annual report	
	ion concerning this matter, plea		
Deborah Godfry		at (980-1223 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing 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)
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