P25000004445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)
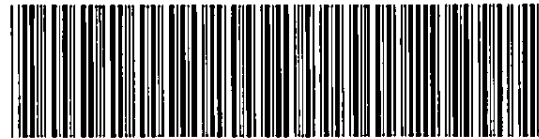
☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: __02/20/2025__

Name: __Cheyanne Davis__

Reference #: __2662406__

Entity Name: __SUREFIRE LOGISTICS OF FLORIDA INC.__

- ☐ Articles of Incorporation/Authorization to Transact Business

- ☑ Amendment

- ☐ Change of Agent

- ☐ Reinstatement

- ☐ Conversion

- ☐ Merger

- ☐ Dissolution/Withdrawal

- ☐ Fictitious Name

- ☐ Other_____

Authorized Amount: __$35.00__

Signature: __Cheyanne Davis__

Articles of Amendment
to
Articles of Incorporation
of
Surefire Logistics of Florida Inc.

FILED

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(Name of Corporation as currently filed with the Florida Dept. of State)

P25000004445

... ... STATE
TALLAHASSEE, FLORIDA

(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:

N/A

_____ *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."*

N/A

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)

N/A

_____

_____

_____

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:

N/A

Name of New Registered Agent _____

(Florida street address)

14523 Marisol Manor Court, Tampa   33626
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.

N/A

_____
Signature of 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)

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	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change	CEO	Jacent Simon	14523 Marisol Manor Court
X Add			Tampa, FL 33626
___ Remove			
2) ___ Change			
___ Add			
___ Remove			
3) ___ Change			
___ Add			
___ Remove			
4) ___ Change			
___ Add			
___ Remove			
5) ___ Change			
___ Add			
___ Remove			
6) ___ Change			
___ Add			
___ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary).* *(Be specific)*

N/A

_____

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____, if other than the
date this document was signed.

N/A

Effective date if applicable: _____

(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)**

X 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   February 21, 2025

   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)

                        Brian Scott

   _____
   (Typed or printed name of person signing)

                        President

   _____
   (Title of person signing)