P17000026239

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COVER LETTER

		<u>COVER LETTER</u>		
TO: Amendment Se Division of Co				MII JUL 10 PH 100 06
NAME OF CORPO	ORATION: DEALLE GROU	P CORP		
	P17000026239			3
	es of Amendment and fee are su			3
	respondence concerning this ma	•		
r tease return an cor	respondence concerning this that	tter to the tolkowing.		
	NIRVANDO BATISTA JUN			
	TAX CONTROLLER INC	Name of Contact Persor	n	
	- TAX CONTROLLER INC	Firm/ Company		
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	E-mail address; (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
NIRVANDO BATI	STA JUNIOR	954 at (301-1848	
Name of Contact Person			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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Articles of Amendment to Articles of Incorporation of



IDEALLE GROUP CORP

IDEAULE GROOF CORP		6
(Name of Corporation	on as currently filed with the Florida Dept. of State)	9 .
P17000026239		3
	nent Number of Corporation (if known)	_ _
(Docum	ient Number of Corporation (If known)	9
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	wing amendment(s)
A. If amending name, enter the new name of the con	rporation:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the a	d "corporation," "company," or "incorporated" or the ""Inc," or "Co". A professional corporation name mulabbreviation "P.A."	: abbreviation ist contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>	ERESS)	
		
	-	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent		<u></u>
	(Florida street address)	
Variable and COP and I	m : 1	
New Registered Office Address:	, Florida, Florida	Zip Code)
	(City)	лр Соае)
New Registered Agent's Signature, if changing Regi	istered Agent:	
	I am familiar with and accept the obligations of the positio	ın.
Signa	ature of New Registered Agent, if changing	

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	PHILLIPE GARRIDO VIOLLAND	13499 BISCAYNE BLVD
Add			APT 1601
X Remove			NORTH MIAMI, FL 33181
2) Change	<u>D</u>	IGOR QUEIROZ DE OLIVEIRA	5415 COLLINS AVE, APT 305
X Add			MIAMI BEACH, FL 33140
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional si</i>	ling additional Arti lects, if necessary).	(Be specific)	igets/ nere.			
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<u>f an amendment p</u>	rovides for an exch	ange, reclassifi	cation, or cance	ellation of issue	d shares,	
if not applica	lementing the amer ble, indicate N/A)	<u>ndment if not c</u>	ontained in the	amendment its	<u>elf:</u>	
(5)	,					
				-	<u>.</u>	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 vidocument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
07/05/2017 Dated	
Signature Andre A Albuquerque (By a director, president or other office) – if directors or officers have not been	
(By a director, president or other office) – 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)	
ANDRE A DE ALBUQUERQUE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	