N18800004705

(Requestor's Name) (Address)		
(Address)	700318	8412197
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	09/19/18	01021~~009 **35.00
(Business Entity Name) (Document Number)	S TALLENT	eis y S
Certified Copies Certificates of Status Special Instructions to Filing Officer:	SEP 2 1 2018	FILED SEP 19 PH 2: 18
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: 1001 IDEAS, INC
DOCUMENT NUMBER: N 18000004705
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
8725 NW 41st St
(Address)
Cooper City Floride 33024
(City/ State and Zip Code)
darz 33 darz @ amail. Com
E-mail address: (to be used for future amulul report notification)
For further information concerning this matter, please call:
Daviel Robigues at 706 701 2006
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& \bigcup \\$43.75 Filing Fee \& \bigcup \\$52.50 Filing Fee \& \bigcup \\$52.50 Filing Fee \& \bigcup \\$Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is Enclosed)
Mailing Address Street Address

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 Tallahassee, FL 32301

to Articles of Incorporation of

Articles of Amendment

Assa Tim	of		
	AS, INC	<u> </u>	
(Name of Corporation as co	urrently filed with the Flori		
N	10000	705	
(Document	Number of Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the follow	ing
A. If amending name, enter the new name of the cor	poration:		
		The n	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	" or the ahbreviation "Corp." or "Inc	."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ness)	¥ •	 COS
(1 Timesput Office address in 1995) Basin Quinter			33-
		第章 第二	<u>'''</u>
		104 102	9
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	7)	- 유 <u>교</u>	*
(muning dual cas <u>many party your or 1,00 pos</u>	,	ار بر المسر المارية المارية	2
		5	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	d office address in Florida, ffice address:	enter the name of the	
New Registered Office Address:	(Fl	orida street address)	
	<u> </u>	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	stered Agent; am familiar with and accept	the obligations of the position.	
	Signature of New Regist	ered 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 X_Remove X_Add	PT John I V Mike SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)	PD	Carlos E. Vargas P.	3006 Duition AV Slite ZA Coconut Grade, FL, 33133
2) Change Add Remove	<u>so</u> (Daniel A. Ladniguez	201 Alhambra Cincle Suite 1205 Coval Galles FL, 33134
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
					
					
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	e date of each amendment(s) adoption:e this document was signed.	_, if other than the
effe	fective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.	e listed as the
٩dc	loption of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
印	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 09/10/2018	
	Signature	_
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Dinecton	
	(Title of person signing)	