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## **COVER LETTER**

Division of Corporations		
NAME OF CORPORATION: I lardo Designs INC.  DOCUMENT NUMBER: PO 800002396		
•		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Stephen I lardo Name of Contact Person		
Ilardo Dorigas Inc. Firm/Company		
2902 S. Auf CT		
Address		
San God FC 32773		
San God FC 32773 City/ State and Zip Code		
Stephen i lardo Ogmail. Com  E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Stephen ilardo at 407 857-8201		
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:		
S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)		

## Mailing Address

TO: Amendment Section

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

## Articles of Amendment to Articles of Incorporation

of

Ilardo Designs I	NC				
	ly filed with the Florida Dept. of State)				
P0+000000316					
(Document Number o	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	llowing amendn	nent(s) t		
A. If amending name, enter the new name of the corporation:					
		TI			
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name		on		
B. Enter new principal office address, if applicable:					
(Principal office address <u>MUST BE A STREET ADDRESS</u> )					
			•		
		700			
C. Enter new mailing address, if applicable:		70			
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			11		
		A CO	m		
		, # <b>2</b>	J		
	<u> </u>	era grand			
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		A. A			
Name of New Registered Agent					
(Florida sn	reel address)				
New Registered Office Address:	, Florida				
New negisierea Office nauress.	(City)	(Zip Code)			
·					
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		ition			
Thereby accept the appointment as regionered agent. Turn juminar	with and accept the ootigations of the pos				
			•		
Signature of New I	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.

X Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ze Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u></u>	Elsa Ilordo	Same
X Add			
Remove			
2) Change		<del></del>	
Add			
Remove			
3)Change	<del></del>		
Add			
Remove			····
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change	<del></del>	<del></del>	
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	. (Be specific)
	1
***************************************	
f an amondment provides for an exc	change realistification or consollation of icased shows
provisions for implementing the am	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	/
	,

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:	4/16/18	<b>a</b>
	(no mo	ore than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the De	block does not meet	the applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK O</u>	NE)
The amendment(s) was/were add by the shareholders was/were so		ders. The number of votes cast for the amendment(s)
		olders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s	s) was/were sufficient for approval
by	(voting grou	,11
	(voting grou	up)
☐ The amendment(s) was/were adaction was not required.	opted by the board of	directors without shareholder action and shareholder
☐ The amendment(s) was/were adaction was not required.	opted by the incorpor	rators without shareholder action and shareholder
DatedY	16/18	
Signature	130	
(By a		other officer - if directors or officers have not been
	ed, by an incorporator ted fiduciary by that	r – if in the hands of a receiver, trustee, or other court
арроп		/ / /
	Steph	or printed name of person signing)
	(Typed o	or printed name of person signing)
	Preside	nt
		(Title of person signing)