P11000015705

(Re	equestor's Name)	_
(Ad	ldress)	PARTICLE AND ADDRESS OF THE PA
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PiCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

70: Amendment Section Division of Corporations

NAME OF CORPORATION: DOCUMENT NUMBER:		IVAMARA 18 COMPANY INC.
		P11000015705
The enclosed Artic	cles of Amendment and fee	are submitted for filing.
Please return all co	orrespondence concerning t	his matter to the following:
		MARITZA CORONA
		Name of Contact Person
	, C	ONSULT TEAM LLC
18:		Firm/ Company
		31 PINES BŁVD #212
		Address
		BROKE PINES FL 33029
		City/ State and Zip Code
	CONSULTTEA	AM@CONSULTTEAM.NET sed for future annual report notification)
For further inform	ation concerning this matte	r, please call:
MA	ARITZA CORONA	at (954) 445-5453
Name	e of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount	made payable to the Florida Department of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	¹ IVAMARA 18 COMPANY INC.
(Name of	Corporation as currently filed with the Florida Dept. of State
	P11000015705
	(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corporation	<u>un.</u>	
N/A	The new	
name must be distinguishable and contain the word "cor abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associ	Corp," "Inc," or "Co". A professional corporation	
B. Enter new principal office address, if applicable;	18331 PINES BLVD #212 5 1	72.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	PEMBROKE PINES FL 33029	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18331 PINES BLVD #212	
D. If amending the registered agent and/or registered offic		
new registered agent and/or the new registered office ad	ddress:	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address: (Flor	orida street address)	
	, Florida v) (Zip Code)	
(City)	y) (Zip Code)	

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: (fittach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	nding or adding additional Articles, en additional sheets, if necessary). (Be sp		,
	•		
provis	mendment provides for an exchange, ions for implementing the amendment not applicable, indicate N/A)	reclassification, or cancel if not contained in the a	llation of issued shares, mendment itself:
N/A			
			·

The date of each amendment	(s) adoption: 02/28/2011
infrective date if applicable:	(date of adoption is required)
pricetive date <u>ir appricable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
action was not required. The amendment(s) was/we	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
	a director, president or other officer – if directors or officers have not been
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed (iduciary by that fiduciary)
	MARCELLA RUIZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)