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(Re	questor's Name)	
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SECRETARY OF STATEMENT DIVISION OF CORPOR AND 12: 40

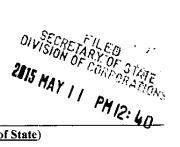
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: IDEAL INSPECTI	IONS OF AMERICA, INC	
DOCUMENT NUMBE			
	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
F	ELIPE ACUNA		
	- 1	Name of Contact Perso	n
II	DEAL INSPECTIONS OF	AMERICA, INC.	
		Firm/ Company	
Pe	O BOX 8666	. ,	
		Address	.
Л	JPITER, FL 33468		
_		City/ State and Zip Cod	le
FELIPE	@IDEALCREATIONS.US	3	
	E-mail address: (to be us	sed for future annual report	notification)
For further information c	oncerning this matter, pleas		5023839
Name of	Contact Person	Area Co	5023839 ode & Daytime Telephone Number
Enclosed is a check for the	he following amount made p		
\$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 Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



IDEAL INSPECTIONS OF AMERICA, INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
13000065865	
(Document Number	of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, thi Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
If amending name, enter the new name of the corporation:	
me must be distinguishable and contain the word "corporate	ion." "company." or "incorporated" or the abbreviation
Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	-V/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	/
(Manning sharess MATA DE FIT OFF OF TICE BOX)	N/A
If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	dress in Florida, enter the name of the ss:
Name of New Registered Agent	
	W/H
(Florida s	street address)
	, Florida
New Registered Office Address:	(City) (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:

(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	<u>PT</u>	John Do	<u>e</u> .	
X Remove	<u>v</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	CFO		SHANNON N ACUNA	4157 SW ENDICOTT STREET
X Add				PORT ST LUCIE, FL 34953
Remove				
2) Change				
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				
Remove				

f amending or adding additions Attach <i>additional sheets, if necess</i>	l Articles, enter chan ary). (Be specific)	ge(s) here:			
					
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an amendment provides for a provisions for implementing the	exchange, reclassifi amendment if not c	cation, or cancella ontained in the an	ition of issued : nendment itself	shares. f:	
(if not applicable, indicate N	'A)				
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The date of each amendment(s) a date this document was signed.	doption:, if other than
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes case	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
05/07/201 Dated	
Signature	
(By a c	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	FELIPE ACUNA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)