# P160000 30947

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RY OF STAT ASSEE, FL

SEP.-6 AM 8: 46 ETARY OF STATE LAHASSEE, FL

R. WHITE SEP 11 2018

### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: IDCIA BUSINESS LINK CORP
DOCUMENT NUMBER: 38 - 400 66 15
The enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
RICARDO MOLINARI MOREIRA
Name of Contact Person
1DEIA JUSINESS LINK CORP
1218/1 CANDON SUL HENCOLUCE E 2/1786
12184 CANGYN SUN, WINDOWNER, F. 34786 Address
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Winderweee, for 34786  City/ State and Zip Code
City/ State and Zip Code
MOLINAR MOREIRA (COM) E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Ricardo Morcina at (407) 683-3820
Name of Contact Person Area Code & Daytime Telephone Number
inclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  S43.75 Filing Fee Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations Clifton Building

## FILED

## Articles of Amendment to Articles of Incorporation

2018 SEP -6 AM 8: 46

IDEIA BUSINESS LINK CORP

SECRETARY OF STATE TALLAHASSEE, FL-

	NK CURP	Ī,	ALLAHASSEE, F	Ë
(Name of Corpor	ation as currently	filed with the Florid	da Dept. of State)	
P16000	2030947			•
(Doc	ument Number of C	Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this FI	orida Profit Corpor	ation adopts the follow	ving amendment(s)
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or ti	orp," "Inc." or "Co	". A professional	incorporated" or the corporation name mu	abbreviation
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL				
		·		
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE E	<u>30X</u> )			
		<u> </u>		
D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office addresed office address:	s in Florida, enter t	he name of the	
Name of New Registered Agent			_	
		-		_
	(Florida street	address)		_
New Registered Office Address:			. Florida	
	(Ci	(tv)		p Code)
New Registered Agent's Signature, if changing Re	oristored Agenti			
hereby accept the appointment as registered agent.	l am familiar with	and accept the obli	gations of the position	1.
Sie	znature of New Resi	stered Agent, if char	ıging	_
	, , , , , , , , , , , , , , , , , , , ,		`a```b	

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	Ţ	VITOR MANUEL OS ANJOS	5301 CONROY RD STE 140
X Add		GONCALVES	ORLANDO, FL 32811
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

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an amendment provides for an exchange, reclassification, or cancellation of issued shares rovisions for implementing the amendment if not contained in the amendment itself:	1
(if not applicable, indicate N/A)	
() · · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 827 2018	, if other than the
date this document was signed.  Effective date if applicable: 8 27 2018	
Effective date if applicable: O + 11 + 5018 (no more than 90 days after amendment file date)	
Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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)	
☐ 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.	
Dated_ 8/31/2018	
Dated_8/31/2018 Signature_12.12 Male Mag	
(By a director, president or other officer – 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)	<del></del>
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person cigning)	<del></del>