P16000071127

(Req	uestor's Name)	·
(Add	ress)	
(Addi	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP		MAIL
(Busi	ness Entity Nar	ne)
(Doct	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

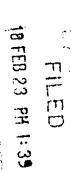
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ILERNUS CORP.			
	BER: P16000071127		****
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	ter to the following:	
	ALEX D. SIRULNIK		
		Name of Contact Person	1
	ALEX D. SIRULNIK, P.A.		
		Firm/ Company	
	2199 PONCE DE LEON BO		
		Address	
	CORAL GABLES, FL 33134	1	
		City/ State and Zip Cod	e
ADS	@SIRULNIKLAW.COM		<i>i</i>
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas		443-7211
Name	of Contact Person	at (a	de & Daytime Telephone Number
	r the 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Document Number of Corporation (if known) the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) of Incorporation: ding name, enter the new name of the corporation: The new be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the tered," "professional association," or the abbreviation "P.A." ew principal office address, if applicable: office address MUST BE A STREET ADDRESS) ding the registered agent and/or registered office address in Florida, enter the name of the istered agent and/or the new registered office address: me of New Registered Agent (Florida street address)	ILERNUS CORP		
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me of New Registered Agent (Florida street address)			ne of the
(Florida street address)	· ·	onic address.	
	Name of New Registered Agent		
v Registered Office Address: Florida		(Florida street address)	
	New Registered Office Address:		, Florida
(City) (Zip Code)		(Cify)	(Zip Code)
	new registered agent and/or the new registered Name of New Registered Agent	office address: (Florida street address)	, Florida
(City) (Zip Code)			,
ered Agent's Signature, if changing Registered Agent:			s of the position.
ered Agent's Signature, if changing Registered Agent: sept the appointment as registered agent. I am familiar with and accept the obligations of the position.			
rept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Sign	ature of New 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.

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	FRANCIS Z. COVA MARTINEZ	
Add X Remove			
2) Change	D	ALEXANDER ELORREAGA	
Add X Remove			
3) Change	S	NOHELIA BASTIDAS PAREDAS	
AddX Remove			
4) Change	VP	LUIS VENTURA	3610 NW 115TH AVENUE
X Add			DORAL, FL 33178
Remove			
5) Change	D	NOHELIA BASTIDAS PAREDES	999 PONCE DE LEON BLVD.
X Add			SUITE 705
Remove			CORAL GABLES, FL 33134
6) Change	s	LIZA ROMINA IACONELLI	999 PONCE DE LEON BLVD.
X Add			SUITE 705
Remove			CORAL GABLES, FL 33134

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	Market Control of the
	and the second s
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
HE SHARES OF STOCK SHALL BE I	NCREASED FROM 100 TO 200 SHARES.

The date of each amendment(s) a date this document was signed.	loption:, if other than t
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the De	clock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	eroved by the shareholders through voting groups. The following statement 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)
	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
February 4	<u>O</u> !2018
Dated(Signature	
(By a d selecte	rector, 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 led fiduciary by that fiduciary)
	Clover Horacio Brito Borges
	(Typed or printed name of person signing)
	President
	(Title of person signing)