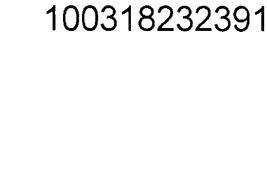
P17000052014

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SEP 18 2018

COVER LETTER

2818 SEP 13 SM 11 24 TO: Amendment Section Division of Corporations NAME OF CORPORATION: _____ IDERIHA SERVICE CORP DOCUMENT NUMBER: P17000052014 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LUCRECIA F DA SILVA Name of Contact Person Firm/ Company 23359 SW 55TH WAY # A Address BOCA RATON, FL 33433 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ($\frac{561}{\text{Area Code & Daytime Telephone Number}}$ LUCRECIA F DA SILVA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & **■\$**43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy

enclosed)

Mailing Address Amendment Section

Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations Clifton Building

(Additional Copy

is enclosed)

Articles of Amendment Articles of Incorporation of



(Zip Code)

IDERIHA SERVICE CORP

(Name of Corporation as currer	atly filed with the Florida Dept. of State)	
P17000052014	ntly filed with the Florida Dept. of State)	
(Document Number	of Corporation (if known)	
rursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment	
. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
3. Enter new principal office address, if applicable:	23453 SW 54TH AVE # A	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	BOCA RATON FL 33433	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	23453 SW 54TH AVE # A	
	BOCA RATON FL 33433	
D. <u>If amending the registered agent and/or registered office ad</u>	dress in Florida, enter the name of the	
new registered agent and/or the new registered office addre		
Name of New Registered Agent		
(Florida s	treet address)	

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing	

(City)

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 <math>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.

Mike Jones, V as Remove Example:	e, and Sa	lly Smith.	SV as an Add.	
X Change	PT	John De	<u>oe</u>	
\underline{X} Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Si	mith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	LUZ ENSUENO BETANCUR BOTI	23453 SW 54TH AVE # A
X Add				BOCA RATON FL 33433
Remove				
2)Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				
Kemove				

The second of th	icles, enter change(s) here: (Be specific)
· • · · · · · · · · · · · · · · · · · ·	
	
<u> </u>	
	1-3
	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	

The date of each amendment(s) adoption: _	· · · · · · · · · · · · · · · · · · ·	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date,)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the ame approval.	andment(s)
	he shareholders through voting groups. The following group entitled to vote separately on the amendmen	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	<u> </u>	
(ve	oting group)	
■ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and sl	hareholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareh	nolder
09/05/2018		
Dated		
Signature /www.	io silio	
(By a director, presented, by an inc	sident or other officer – if directors or officers have recorporator – if in the hands of a receiver, trustee, or only by that fiduciary)	
LUCRECI	IA F DA SILVA	
- ,	(Typed or printed name of person signing)	
PRESIDE	NT	
	(Title of person signing)	<u> </u>

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Florida Department of State

DIVISION OF COPPORATIONS



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Detail by Entity Name

Florida Profit Corporation IDERIHA SERVICE CORP

Filing Information

Document Number

P17000052014

FEI/EIN Number

37-1862103

Date Filed

06/13/2017

Effective Date

06/12/2017

State

FL

Status

ACTIVE

Principal Address

23359 SW 55TH WAY # A BOCA RATON, FL 33433

Mailing Address

23359 SW 55TH WAY # A BOCA RATON, FL 33433

Registered Agent Name & Address

DA SILVA, LUCRECIA F 23359 SW 55TH WAY # A BOCA RATON, FL 33433

Officer/Director Detail

Name & Address

Title P

DA SILVA, LUCRECIA F 23359 SW 55TH WAY # A BOCA RATON, FL 33433

Annual Reports

Report Year

Filed Date

2018

04/26/2018

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