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COVER LETTER

Division of Corporations
NAME OF CORPORATION: IVD Import & Export, INC. DOCUMENT NUMBER: P170000 74992
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Lily Gemez, CPA Firm/Company TEIG Tatum Naterway Drive - #6 Address Minni Reach, FL 33141 City/ State and Zip Code MARILY # 0214 @ Out/out. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: L/ / Come 2 at (786) 337-005 2 Name of Contact Person at (786) 337-005 2 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Scrifficate of Status Certified Copy (Additional Copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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
(Name of Corporation as currently filed with the Florida Dept. of State)
P17000074992
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
NA The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent Name of New Registered Agent
New Registered Office Address: New Registered Office Address: (City) (Florida street address) , Florida (Zip Code)
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. 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One) 1) Change Add Remove	Title Name Treasurer Delin Fernandez Secretary	Address 2215 SW 6207 MIGMI, FL 33159
2) Change Add Remove		
3) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

If amending or add (Attach additional si	ing additional Aineets, if necessary)	rticles, enter chang). (Be specific) A	ge(s) here:			
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If an amendment provisions for imp	provides for an ex plementing the an ble, indicate N/A)	nendment if not co	ation, or canc	ellation of issued	d shares, elf:	
(і) поі арупіса	ole, malcule IVA)	NA		77.2.1		
		· 1			<u> </u>	<u> </u>

The date of each amendment(s) adoption:date this document was signed.	, if other than the
•	
Effective date <u>if applicable</u> : (no more than 90 days after amendment f	ile date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date 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 by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The j must be separately provided for each voting group entitled to vote separately on the am	
"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 action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action an action was not required.	d shareholder
Dated 10-19-17	
Signature (By a director, president or other officer – if directors or officer	ardies
(By a director, president or other officer – if directors or officer	rs have not been
selected, by an incorporator – it in the hands of a receiver, trus	tee, or other court
appointed fiduciary by that fiduciary)	,
(Typed or printed name of person signing)	undez.
(Typed or printed name of person signing)	·
Président	
(Title of person signing)	