P180000 40279

(Requestor's Name)	
(Address)	
(Address)	
(and a second	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	L
(Business Entity Name)	
(Document Number)	
(Document Number)	
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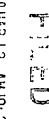
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R. WHITE ELLOUGH

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: ILDA CORP.					
	IBER: P18000070279					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	CAROLYN KAHL					
	Name of Contact Person					
	ROCA GONZALEZ P.A.					
		Firm/ Company				
3370 MARY STREET						
	Address					
	MIAMI, FL 33133					
		City/ State and Zip Code	e			
CK	AHL@RGPA.COM					
	•	sed for future annual report	notification)			
			·····,			
For further informati	on concerning this matter, pleas	se call:				
CAROLYN KAHL		at (<u>305</u>	859-6050			
Name of Contact Person		at (305) 859-6050 Area Code & Daytime Telephone Number				
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
■ \$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		Amend Divisio Clifton	Address Iment Section On of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

ILDA CORP.

2019 HAR 13 AM 10: 33

(Name of Corneration as a	
Attante of Corporation as	currently filed with the Florida Dept. of State)
P18000070279	TALL MIADORE, FL
(Document N	umber of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Status Articles of Incorporation:	ntes, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corpora	ution:
	The new
	rporation," "company," or "incorporated" or the abbreviation ic," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	(2
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered off new registered agent and/or the new registered office 	
Name of New Registered Agent	
THE STATE OF THE S	
	7
(F	lorida street address)
New Registered Office Address:	, Florida

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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	NARA G. CAROZZI	3370 MARY STREET
X Add			MIAMI, FL 33133
Remove			
2) X Change	VPT	RICARDO D. CAROZZI	3370 MARY STREET
Add			MIAMI, FL 33133
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
·	
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ij noi applicable, inalcale MA)	
	

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)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will r document's effective date on the Department of State's records.	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 east 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.	
02/26/2019	
Dated	
Corrolly	
Signature (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)	_
DANIELA S. CAROZZI	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	