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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ld	eal 24 K. Inc.				
	000029307				
The enclosed Articles of Amendment and fee a	re submitted for filing.				
Please return all correspondence concerning thi	is matter to the following:				
\<.	why Wells Name of Contact Person				
	Ideal 24 K. Inc.				
	· ·				
	7 Hillock Ave NW Address				
F	Address Alm Bay FL 32907 City/ State and Zip Code				
_Sa	les @ ideal24k.com				
E-mail address: (to	be used for future annual report notification)				
For further information concerning this matter,	please call:				
Kathryn Wells	at (<u>321</u>) <u>890 - 2138</u> Area Code & Daytime Telephone Number				
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:					
	-				
Mailing Address	Street Address				
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Ideal 24	K, Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000029	307
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	2020 (133)
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	2: 1:
Name of New Registered Agent Kathryn	Wells w
	Ave NW
New Registered Office Address: Pulm	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Re	ith and accept the obligations of the position. Quantum description of the position. Quantum description of the position. Quantum description of the position.
Check if applicable	

Check it applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

; : '
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	P	William J Wells	2160 N HWY A1A # 405
Add			Indialatic FL 32903
X Remove	_		
2) X Change	P	<u>Kathryn Wells</u>	117 Hillock ElvenW
Add		9	Palm Bay FL 32907
Remove 3) Change			
Add			<u>-</u>
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)
** *	
*	
<u>f an amendment provides for an exct</u>	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y nor appreniate, mandie 1971)	

	option:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendn	nent file date)
Note: If the date inserted in this b document's effective date on the De		requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors w	ithout shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes ca fficient for approval.	st for the amendment(s)
	roved by the shareholders through voting groups. each voting group entitled to vote separately on to	
"The number of votes cast	for the amendment(s) was/were sufficient for app	roval
by		
	(voting group)	
Dated	-3-2020 Vwells	
Sionature	Vineila	
(By a di selected	rector, president or other officer – if directors or c i, by an incorporator – if in the hands of a received ed fiduciary by that fiduciary)	
	Kathryn Wells (Typed oprinted name of person sign	ing)
	(Title of person signing)	