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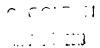
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:IJD PROPERTI	ES	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	RALPH SERRANOI CPA		
-	RALPH SERRANO CPA	Name of Contact Person	n
-		Firm/ Company	
	9425 SW 72 ST #233	типі Сопірану	
-		Address	
	MIAMI, FL. 33173		
<u>-</u>		City/ State and Zip Cod	e
jι	angarcia242@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
for further information	concerning this matter, pleas	se call:	
RALPH SERRANO		305 at (de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Inclosed 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	Address Iment Section on of Corporations
		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



IJD PROPERTIES INC

2019 00 28 PH 3: 24

			110
(<u>Name of Corpora</u>	ation as currently filed with	the Florida Dept. of State)	
	P19000069912		,
(Doc	ument Number of Corporation	ı (if known)	
ursuant to the provisions of section 607,1006, Flor s Articles of Incorporation:	ida Statutes, this <i>Florida Prof</i>	It Corporation adopts the follow	ving amendment(s
. If amending name, enter the new name of the	corporation:		
			The new
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or t	rp," "Inc," or "Co". A proj		abbreviation
. Enter new principal office address, if applical Principal office address <u>MUST BE A STREET AI</u>			
. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE I</u>	<u></u>		
	*****		*****
. If amending the registered agent and/or regis new registered agent and/or the new registere		la, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		_
New Registered Office Address:		, Florida	
	(City)	(Z	(p Code)
ew Registered Agent's Signature, if changing R			
hereby accept the appointment as registered agent	. I am familiar with and acce	pt the obligations of the position	n.
	mature of Man Ragistorad An	out it about its	_

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 Dog	
\underline{X} Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	LOUUSE SANDOVAL GARCIA	12969 NW 18 MANOR
Add			PEMBROKE PINES, FL. 33028
X Remove			
2) Change	S	LOUISE SANDOVAL GARCIA	12969 NW 18 MANOR
$\frac{X}{X}$ Add			PEMBROKE PINES, FL. 33028
Remove			
3) Change			. .
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
-		3.00.4.11
· · · · · · · · · · · · · · · · · · ·		
If an amendment provides for an exch	ange, reclassification, or cancellation of is	ssued shares.
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contained in the amendmen	<u>t itself:</u>

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(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, document's effective date on the Department of State's records.	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 the amend by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(
"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 and sha action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. //	lder
Dated 10/16/19	
Signature	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator — If in the hands of a receiver, trustee, or oth appointed fiduciary by that tiduciary)	
JUAN GARCIA	
(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
PRESIDENT	
(Title of person signing)	

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