P21000007232

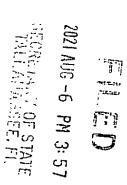
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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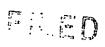
TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: IDA SERVICE INC						
DOCUMENT NUMBER: P21000007232						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
TRMA MOLEIRO ESQUIJAROSA Name of Contact Person						
IDA SERVICE INC						
N' 10						
21930 SW 104ct APT 201 Address CUTLER BAY, FLORIDA 33190 City/ State and Zip Code						
Address						
CUTLER BAY, FLORIDA 33190						
City/ State and Zip Code						
rmamolesqui@hotmail.com E-mail address: (to be used for future annual report notification)						
E-man address. (to be used to future annual report normeaton)						
For further information concerning this matter, please call:						
TRMA MOLEIRO ESQUIJAROSA at (786) 260 5879 Name of Contact Person Area Code & Daytime Telephone Number						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee						
Mailing Address Street Address						
Amendment Section Amendment Section Division of Corporations 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



IDA SERVICE INC	2021 AUG -6 PM 2:57
(Name of Corporation as currently	filed with the Florida Dept. of State)
P21000007232	JECKETAN OF STATE
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> is Articles of Incorporation:	Horida Profit Corporation adopts the following amendment(s)
If amending name, enter the new name of the corporation:	
N/A	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."	ompany," or "incorporated" or the abbreviation "Corp.,"
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	•
Name of New Registered Agent TRMA MOLE	IPO ESQUIJAROSA
21930 SW 11	04 ct apt 201 vei address) y
iFlorida sire	ei address)
New Registered Office Address: CUTLER Bar	<u>4</u> . Florida 33190
6	(Gity) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I amfamiliar w	
Signature of New Re	egistered Agent, if changing

Check if 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)

Example:

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	\underline{PT}	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	SV	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) K Change	P	TRMA MOLEIRO ESQUIJAROSA	21930 SW 104 ct Apt 20 Cutler BAY FLORIDA, 33190.
Remove 2) Change Add			
Remove 3) Remove Add			
Remove 4) Change Add			
Remove 5) Change Add		_	
Remove 6) Change Add			
Remove			

	neets, if necessary).					
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	<u>-</u>			 -		
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n amendment:	oroyides for an excha	nge, reclassificat	ion, or cancellatio	on of issued shar	es.	
ovisions for im	olementing the amen	dment if not cont	ained in the ame	ndment itself:	273	
(if not applice	ble, indicate N/A)			·		
NA						
1						
						_

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The date of each amend	ment(s) adoption:	AUGUST	3, 2021	, if other than the
date inis document was sij	gnea.			
Effective date <u>if applical</u>	ole: AUGUS	ST 5, 20	21	
		(no more than 90 day	s after amendment file a	late)
Note: If the date inserted document's effective date	I in this block does no on the Department of	ot meet the applicable 'State's records.	statutory filing requirer	ments, this date will not be listed as the
Adoption of Amendmen	t(s) (<u>CH</u>	IECK ONE)		
State The amendment(s) was action was not required		incorporators, or board	of directors without sha	archolder action and shareholder
☐ The amendment(s) was by the shareholders wa			nber of votes cast for the	amendment(s)
☐ The amendment(s) was must be separately pre			voting groups. The following groups.	
`		ndment(s) was/were sur	• •	
by N/F	7 .	ing group)		
· · · · · · · · · · · · · · · · · · ·	(vot)	ing group)		
	ANZ NGT	3 2521		
Dated_	709031	3,2021	-	
Signatu	ro /	<i>\₩</i>		
Signatu	(By a director, presi	ident/or other officer –	if directors or officers h	
	selected, by an inco appointed fiduciary		ids of a receiver, trustee,	or other court
	IRMA	MOLEIRO	ESQUIJA20	OSA .
	(Typed or printed name	of person signing)	
	PRES	SIDENT.		
		Title of person signing)	