P21000046666

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: IDEAL CONTRAC	CTING SERVICES INC	
	NUMBER: P21000046666		
The enclosed Ar	ticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	Christy Elliott		
		Name of Contact Person	1
	Ideal Contracting Services In-	c	
		Firm/ Company	· · · · · -
	3203 S Conway Road 204D		
		Address	· ·- · · · - · · · ·
	Orlando, FL 32812		
		City/ State and Zip Cod	e
	idealcontracting407@gmail.c	com	
	E-mail address: (to be us	sed for future annual report	notification)
For further infor Christy Elliott	mation concerning this matter, pleas	se call:at (689	2846538
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a ch	eck for the following amount made	payable to the Florida Dep	artment of State:
🗎 \$35 Filing F	Tee □\$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	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

Ideal Contracting Services Inc.

(Name of Corporation	as currently filed with the Flo	orida Dept. of State)
P2100004666		
(Documen	t Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation;	tatutes, this Florida Profit Corp	poration adopts the following amendment(s
A. If amending name, enter the new name of the corp	oration:	
Ideal Contracting Group, Inc		The new
name must be distinguishable and contain the word "corportine," or Co.," or the designation "Corp," "Inc," of "chartered," "professional association," or the abbrevia	or "Co". A professional corp	rporated" or the abbreviation "Corp.,"
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)	
		2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_	
(Mailing dainess <u>MAT BEAUTOST OFF TELL DOM</u>)		÷.
		· .
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		ter the name of the
Name of New Registered Agent	- - .	
	(Florida street address)	
New Registered Office Address:		, Florida
New Registered Office Radress.	(Ciţy)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and accept the e	abligations of the position
r nervoj, decept ine appenniment as registerea agent. Ta	m jamanar wun una accept me e	onigations of the position.
Signatur	re of New Registered Agent, if c	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)

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 Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			.
5) Change			_
Add			
Remove			
6) Change			
Add			····
Remove			

(Attach additional sheets, if necessary).	. (Be specific)
	_
	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:

.

06/01/2023 The date of each amendment(s) adoption: , if other than the date this document was signed. 06/01/2023 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, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 cast for the amendment(s) was/were sufficient for approval (voting group) 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) Christy Ellott
(Typed or prinled name of person signing)