P22000017931

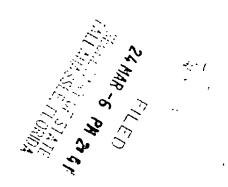
(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	MAR 2 2 2024

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: ALE COMUNICA	CORP			
	MBER: P22000017931	_			
	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	теspondence concerning this ma	tter to the following:			
	APONTE RINCON, GABRI	EL RAFAEL			
		Name of Contact Person	1		
	APONTE RINCON, GABRIEL RAFAEL				
		Firm/ Company			
	444 BRICKELL AVENUE S	• •			
		Address			
	MIAMI, FL 33131				
		City/ State and Zip Cod	e		
	DOR@MARTORELLOFFIC	CE.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
	tion concerning this matter, please.	se call:	, 5867927		
Name of Contact Person			de & 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	S43.75 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 The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment **Articles of Incorporation** of

		سكامس مأمان
(Name of Corporation as current	tly filed with the Florida Dept. of State)	The state of the s
22000017931		
(Document Number	of Corporation (if known)	- Pro-
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following	owing amendment(s
If amending name, enter the new name of the corporation:		
IDUS3 CORP		The new
me must be distinguishable and contain the word "corporation," 'Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must co	viation "Corp.,"
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		-
new registered agent and/or the new registered office addres	<u> </u>	
Name of New Registered Agent	treet address)	
Name of New Registered Agent Name of New Registered Agent		

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	<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>	<u>Name</u>	Address
Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			•

ttach additional sheets, if necessary)	rticles, enter change(s) here:). (Be specific)
	
	
-	
	
rovisions for implementing the an	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nendment it not contained in the amendment user.
(y was approximately willing the same same)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without share action was not required.	holder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow 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)	
, 1	
Dated 02/28/2024	
Signature (1)	
(By a director, president of other officer – if directors or officers hav selected, by an incorporator – if in the hands of a receiver, trustee, o	
appointed fiduciary by that fiduciary)	
APONTE TZWON, GABRIEL (Typed or printed name of person signing)	RAFAEL
(Typed or printed name or person signing)	
PRESIDENT	
(Title of person signing)	