P22000035762

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: IVN ENTERPRIS	E CORPORATION		_
DOCUMENT NUMB	ER: P22000035762		· .	_
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	condence concerning this ma	tter to the following:		
_	JW DOYLE			
		Name of Contact Person	1	
	IVN ENTERPRISE CORPO	RATION		
_		Firm/ Company		<u></u>
	618 RIDGEWOOD AVE			
-	<u></u>	Address		
	HOLLY HILL			
-		City/ State and Zip Code	e	
	WD@JWDOYLEASOC.CO	DM .		
-	E-mail address: (to be us	sed for future annual report	notification)	_
For further information	concerning this matter, pleas	se call:		
JW DOYLE		at (386	747 6646	
Name o	f Contact Person	Area Coo	de & Daytime Telephone Ni	umber
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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O. l	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 8: ussee, FL 32303	10

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Articles of Amendment to Articles of Incorporation of

IVN ENTERPRISE CORPERITION	
(Name of Corporation	n as currently filed with the Florida Dept, of State)
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	moration:
	The new
	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	
,	702
	22 .7
C. Enter new mailing address, if applicable:	D
(Mailing address MAY BE A POST OFFICE BOX	• —
	
	<u> </u>
D. If amending the registered agent and/or registere	
new registered agent and/or the new registered o	ffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
Signat	ure of New Registered 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)

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 Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	JW DOYLE	618 RIDGEWOOD AVE
Add			HOLLY HILL
X Remove			FL.32174
2) Change	P	RAYMON M MOSES	618 Ridgewood Ave.
X Add			Holly Hill
Remove 3) Change	VP	JW DOYLE	FL 32174
XAdd			
Remove			2022 AIJG
4) Change			AUG.
Add			. N
Remove			7
5) Change	<u> </u>		1::
Add			
Remove			
6) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:			
(if not applicable, indicate N/A)			
			-
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			_
			-
			_
			-
			-

. :

The date of each amendmen		if other than the
date this document was signed		
Effective date if applicable:	08/20/2022	
<u> </u>	(no more than 90 days after amendi	nent file date)
	his block does not meet the applicable statutory filing the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/we action was not required.	e adopted by the incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	e adopted by the shareholders. The number of votes care sufficient for approval.	ast for the amendment(s)
	e approved by the shareholders through voting groups. d for each voting group entitled to vote separately on t	
"The number of votes	cast for the amendment(s) was/were sufficient for app	oroval
by	_	<i>,</i> "
	(voting group)	.
Dated		
Signature		
(E sc	y a director, president or other officer – if directors or elected, by an incorporator – if in the hands of a receive pointed fiduciary by that fiduciary)	
	JW DOYLE	
	(Typed or printed name of person sign	ning)
	Provident / //	
	President / M	
	(Title of/person signing)	

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