P96000098178

(Requestor's N	Name) .			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: IDEA	AL PRODUCT USA INC	
	D000	000098178	_
DOCUMENT NUMB	E.K.:		_
The enclosed Articles of	f Amendment and fee	are submitted for filing.	
Please return all corresp	ondence concerning th	is matter to the following:	
_	MARC LABO	SSIERE Name of Contact Person	
MARC LABOSSIERE PA			
		Firm/ Company	
_	1222 NE 4TH		<u> </u>
Address			
FORT LAUDERDALE FLORIDA 33304			
		City/ State and Zip Code	
	MARC@CPA	MARC.COM	
· ·	E-mail address: (to	be used for future annual report notification)	
For further information	concerning this matter,	please call:	
MARCIAROS	NEDE	954 762 4244	(C)
MARC LABOSS	Contact Person	at (954) 763-4214 Area Code & Daytime Telephone N	
		nade payable to the Florida Department of State:	idilioci
★ \$35 Filing Fee	□\$43.75 Filing Fed Certificate of Sta		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

to

IDEAL PRODUCT USA INC

IDEAL PRODUCT USA IN				<u></u>	
(Name of Corpora	tion as currently	filed with the Flor	ida Dept. of State)	l	
P96000098178					
(Doct	ument Number of	Corporation (if knov	vn)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this F	lorida Profit Corpo	ration adopts the fo	ollowing amend	ment(
A. If amending name, enter the new name of the	corporation:				
				The no	
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Con word "chartered," "professional association," or th	rp," "Inc," or "C	lo". A professiona	"incorporated" or corporation name	the abbreviati	on
3. Enter new principal office address, if applicable Principal office address MUST BE A STREET AL					_
					_
					~~~
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)				i j
				73	- } }
					_ 1
					_
. If amending the registered agent and/or regist new registered agent and/or the new registere		ss in Florida, enter	the name of the	•	
Name of New Registered Agent					
	(Florida stree	et address)		<del></del>	
New Registered Office Address:			Elorido		
New Registered Office Address.	(1	City)	, Florida	(Zip Code)	-
lew Registered Agent's Signature, if changing Re	egistered Agent:				
hereby accept the appointment as registered agent.	I am familiar wi	th and accept the ol	oligations of the pos	sition.	
Sie	nature of New Re	aistered Agent if ch			

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:		, 5/11.1	
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)	Title	Name	Address
1) X Change	D	MARQUIS COUTURE	2215 CYPRESS ISLAND DR #906
Add			POMPANO BEACH FL 33069
Remove			
2) Change	D	BRIGITTE GRENIER	2215 CYPRESS ISLAND DR #906
X Add			POMPANO BEACH FL 33069
Remove			
3) Change			
Add		-	
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		•	

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
THE FEI/EIN NUMBER IS INCORRECT. THE CORRECT NUMBER IS 65-075	3769
	<del></del>
	<del>.</del>
F. 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)	

The date of each amendment(s) adoption:	,	if othe	er than the
date this document was signed.			
Effective date if applicable:  (no more than 90 days after amendment file date)			_
(no more than 90 days after amendment file date)			
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will no	t be lis	sted as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )			
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	t(s)		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent		
"The number of votes cast for the amendment(s) was/were sufficient for approval			
by"			
(voting group)			
<ul> <li>□ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>□ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.</li> </ul>	der		
•	<u> </u>		
Dated 06/14/2015		ي	and of
Signature		JUN 22	Activities
(By a director, president of other officer - if directors or officers have not been		32	1
selected, by an incorporator — if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	urt		
appointed residually by man reducting)	, N	457 NO	****
MARQUIS COUTURE	1 1		
(Typed or printed name of person signing)			<del></del>
DIRECTOR			
(Title of person signing)			_