P130000 44745

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: INTERNATIONA	L TRANSLATORS SERV	ICES INC.		
DOCUMENT NUM	D120000044745				
The enclosed Article.	s of Amendment and fee are su	abmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	NOEMI QUIRCH-VALLE				
	**	Name of Contact Person	1		
	INTERNATIONAL TRANSLATORS SERVICES INC.				
		Firm/ Company			
	1140 KENDALL TOWN BL	.VD., UNIT 2106			
	-	Address			
	JACKSONVILLE, FLORID	A 32225			
		City/ State and Zip Code	e		
	itstranslators@gmail.com				
•	= ·	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
NOEMI QUIRCH-VALLE		at (⁹⁰⁴	955-3561		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	or 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee L. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

INTERNATIONAL TRANSLATORS SERVICES INC. (Name of Corporation as currently filed with the Florida Dept. of State) P13000044745 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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:

____ Remove

4) ____ Change

____ Add

5) ____ Change

____ Add

6) ____ Change

Add

Remove

____ Remove

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.

\underline{X} Change <u>PT</u> John Doc X Remove <u>V</u> Mike Jones X Add <u>SV</u> Sally Smith <u>Addres</u>s Type of Action Title Name (Check One) Diego Valle P.O. Box 350603 1) ____ Change Jacksonville, Florida ____ Add 32235 Remove 2) ____ Change ____ Add Remove 3) ____ Change ____ Add

/A 						
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		les for an exchan	ge, reclassificat ment if not cont	ion, or cancellation ained in the amen	n of issued shares, dment itself:	
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	03/05/2021	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	/05/2021	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing required Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the sufficient for approval.	: amendment(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amena	owing statement lment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
bv	.,	
oy	(voting group)	
04/28/20 Dated	director, president or other officer – if directors or officers hated, by an incorporator – if in the hands of a receiver, trustee,	ave not been or other court
арро	inted fiduciary by that fiduciary)	
	Noemi Quirch-Valle	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	