# P13000044745

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### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION:	L TRANSLATORS SERV	ICES INC.
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	HIMILCE QUIRCH		
		Name of Contact Persor	1
	INTERNATIONAL TRANS	LATORS SERVICES INC	
		Firm/ Company	
	10374 WALDEN GLEN CT		
		Address	
	JACKSONVILLE, FLORID	A 32256-9039	
		City/ State and Zip Code	<u> </u>
	itstranslators@gmail.com		
		sed for future annual report	notification)
	E-man address. (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
HIMILCE QUIRCH		at (	252-0872
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:
S35 Fiting Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

#### Articles of Amendment to Articles of Incorporation, of

to

INTERNATIONAL TRANSLATORS SERVICES INC.

( <u>Name o</u>	f Corporation as currently	filed with the Florida Dept	t. of State)	
P13000044745				
	(Document Number of	Corporation (if known)		<del>-</del>
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Slorida Profit Corporation ac	dopts the following	; amendment(s)
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". A			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		10374 WALDEN GLEN CT		
		JACKSONVILLE, FLORIDA 32256-9039		
				<del></del>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		N/A		
D. If amending the registered agent an new registered agent and/or the new			ne of the	23.1015
Name of New Registered Agent	Miller Joiner			- F
<u>Name of New Registered Agent</u>	4258 Rapallo Rd.			. الأ
	(Florida stre	et address)		P
New Registered Office Address:	Jacksonville		. Florida	5.
	(City)		(Zip C	oder or
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		ith and accept the obligation	s of the position.	

Signature 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 Doe		
X Remove	Y	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
I) Change	PT	NOEMI QUIRCH-VALLE	1140 KENDALL TOWN BLVD	
Add			UNIT 2106	
X Remove			JACKSONVILLE FL 32225	
2) Change	D	NOEMI QUIRCH-VALLE	1140 KENDALL TOWN BLVD	
Add			UNIT 2106	
X Remove 3) Change	S	NOEMI QUIRCH-VALLE	JACKSONVILLE FL 32225 1140 KENDALL TOWN BLVD	
Add			UNIT 2106	
X Remove			JACKSONVILLE FL 32225	
4) X Change	PT	HIMILCE QUIRCH	10374 WALDEN GLEN CT	
Add			JACKSONVILLE, FL 32256	
Remove				
5) Change	S	HIMILCE QUIRCH	10374 WALDEN GLEN CT	
X Add			JACKSONVILLE, FL 32256	
Remove			<u></u>	
6) Change	D	HIMILCE QUIRCH	10374 WALDEN GLEN CT	
X Add			JACKSONVILLE, FL 32256	
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
<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) N/A

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06/16/2023 The date of each amendment(s) adoption: , if other than the date this document was signed. 06/19/2023 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 cast 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) 06/16/2023 Dated\_ 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) HIMILCE QUIRCH (Typed or printed name of person signing) **PRESIDENT** 

(Title of person signing)