

# L10000007614

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INTERNATIONAL EMERGENCY SERVICES ASSOCIATION, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

**C. LEWIS**

**APR 10 2010**

**EXAMINER**

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Corporate Filing Menu

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(3)

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2010 APR 19 AM 8:36

International Emergency Services Association, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on L10000007614 and assigned  
Florida document number 01/21/2010.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM/ Pres. Treasurer	Gabriel Zahora	401 East Las Olas Blv Suite 130-404 Fort Lauderdale FL 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM/ V.P.	Stephen W. Gollan	401 E. Las Olas Blv. Suite 130-404 Fort Lauderdale FL 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM member	Steven Mc Intery	2999 NE 191 St (PH 8) Aventura FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM member	Nabil Elsandi	2999 NE 191 St Street (PH 8) Aventura FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM member	Oscar Grisales Racini	2999 NE 191 St (PH 8) Aventura FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

February 23, 2010

Signature of a member or authorized representative of a member

Gabriel Zahora

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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