

L19000024982

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INDUSTRIAL SERVICES & SUPPORT USA, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREINA OLARTE

Name of Person

INDUSTRIAL SERVICES & SUPPORT USA, LLC.

Firm/Company

4851NW 79 AVENUE, SUITE 7

Address

MIAMI, FL. 33166

City/State and Zip Code

Rochaw@iss-ca.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREINA OLARTE

305

302-5388

Name of Person

at ( )

Area Code

Daytime Telephone Number

The enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

INDUSTRIAL SERVICES & SUPPORT USA, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/23/2019 and assigned  
Florida document number L19000024982.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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

3. 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:

WILSON H. ROCHA

New Registered Office Address:

4851 NW 79 AVENUE SUITE 7

*Enter Florida street address*

MIAMI

Florida

*City*

33166

*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 605, 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

IGR = Manager  
MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IGR	ANDREINA OLARTE	8065 SW. 107 AVENUE APT. 117	<input type="checkbox"/> Add
		MIAMI, FL. 33173	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RUBEN SALAS	4851 NW 79 AVENUE SUITE 7	<input type="checkbox"/> Add
		MIAMI, FL. 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EDUAR LOPEZ GAVIRIA	4851 NW 79 AVENUE SUITE 7	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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.

Typed or printed name of signee