## 1300008796

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## COVER LETTER

TO: Amendment Section Division of Corporations International enterprise And Children Services,Inc NAME OF CORPORATION: N13000008796 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dieula Louis (Name of Contact Person) International Enterprise and Children Services, INC (Firm/ Company) 736 orange ave (Address) Fort pierce/FI 34950 (City/ State and Zip Code) internationalenterpriseservices@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

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 of the state of	
International Enterprise and Children Service	es, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)	
1115000008796	_
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the amendment(s) to its Articles of Incorporation:	: following
A. If amending name, enter the new name of the corporation:	
	_The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." "Company" or "Co." may not be used in the name.	or "Inc.
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	_
	_
	_
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	-
	- 📆 🚉
	SECRETARY ISING 20 13 NOV 20
	- 2 <del></del>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	20
new registered agent and/or the new registered office address:	<b>-5</b>
Name of New Registered Agent:	PHII: 4
(Florida street address)	<b>→</b> ਊጣ
New Registered Office Address:	
. Florida	
(City) , Florida	
•	-,
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.	
т негеоу ассерт те арронитет аз гезывегей азет. Тат затнат with and ассерт те obligations of the position.	
Signature of New Registered Agent, if changing	

Page 1 of 4

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 X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) VChange	<u>S</u>	Murray Jacqulyn	5800 Birch dr
Add			Ft Pierce,Fl34982
Remove			
2)Change	<u>s</u>	Sonia M Taloute	505 Azelea ave
<b>V</b> Add			Ft Pierce,Fl 34982
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<u> </u>

If amending or adding additional attach additional sheets, if necessa	ry). (Be speci	fic)	•		
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The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
mappingoe.	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).	
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated 11/06/2	1013 Sha Souri	
(By the chairn have not bee	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
Dien	Typed or printed name of person signing)	
<u></u>	President/chairmour	
	(Title of person signing)	