N18000006013

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600354005426

10/28/20--01009--011 **35.00

2020 OCT 28 PM 5: 18 SECRETARY OF STATE

12/120

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATE	ON:	INTERNATION	AL SER	VICES, II	√C
DOCUMENT NUMBER:	N18000006013				
The enclosed Articles of An	nendment and fee are subm	nitted for filing.			
Please return all correspond	ence concerning this matte	r to the following	:		
		Fallon P. Truji	llo		
		(Name of Contact	Person	ι)	
	AMERICAN OPE	N INTERNATIO	NAL SI	ERVICES.	INC
		(Firm/ Comp	any)		· ·
		13316 SW 128	Passag	e	
		(Address)			
		Miami, FL 33	3186		
	((City/ State and Z	ip Code	:)	
		fptrujillo@gma	il.com		
<u>-</u>	-mail address: (to be used	for future annual	report r	notification	1)
For further information con-	cerning this matter, please	call:			
Fallon P. Trujillo			305	5	7721340
	(Name of Contact Person)			ea Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florid	la Depa	irtment of	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & { Certificate of Status	□\$43.75 Filing F Certified Copy (Additional cop enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy is sed)
Mailing /	<u>Address</u>		Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

AMERICAN OPEN INTERNATIONAL SERVICES, INC. 2020 OCT 28 PM 5: 18

(Name of Corporation as currently filed with the Florid	da Dept. of State)	SECRETARY OF STATE TALLAHASSEE, FL
NI	8000006013	TALLAHASSEELEL
(Document Nu	ımber of Corporation (i	f known)
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorpora	nted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	-
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>	
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 Flori	da, enter the name of the
new registered agent and/or the new registered office		autente me manie or the
Name of New Registered Agent: N/A		
		(Florida street address)
New Registered Office Address:		TO ANI SPECT MINICES
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		ept the obligations of the position.
	Signature of New Reg	tistered Agent, if changing

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 I. Y Mike J. SV Sally S.	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	V.P.	TRUJILLO, MARTHA I,	13316 SW 128 Passage. Miami, Fl
× Remove			
2) Change Add	<u>T</u>	MAHECHA DE T, ALEJANDRINA	13316 SW 128 Passage, Miami, Fl
X Remove	<u>S</u>	CASTELBLANCO, ABRAHAM H	3316 SW 128 Passage. Miami, Fl 3
4) Change Add	-		
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	
		····	
	,, <u></u>		

		<u>. </u>
		
		
		
		**
		_
		_ _
		
		
		
The date of each amendment(s) adopt date this document was signed.	tion:	, if other than the
Electric de la companya de la compan		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	does not meet the applicable statutory filing requirements, this date will not be	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The same is a second se		
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	

There are no mem adopted by the box	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.			
Dated	10/23/2020			
Signature	- huhus			
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
	Fallon P. Trujillo			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			