N180000 10912

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COVER LETTER

TO: Amendment Section Division of Corporations

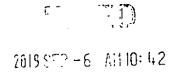
IT SERVICE PROVIDER ISAO, INC. NAME OF CORPORATION:	
N18000010912	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Danielle Anderson	
(Name of Contact Person)	
ConnectWise	
(Firm/ Company)	
4110 George Road, Suite 200	
(Address)	
Tampa, FL 33634	
(City/ State and Zip Code)	
DAnderson@ConnectWise.com	
E-mail address: (to be used for future annual report notification)	
for further information concerning this matter, please call:	
Danielle Anderson 813 439-3458 at	
(Name of Contact Person) (Area Code) (Daytime Tel	ephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
■ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional copy is Enclosed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address
Amendment Section

Amendment Section
Division of Corporations
Clifton Building

Articles of Amendment to Articles of Incorporation of



IT SERVICE PROVIDER ISAO, INC.

(Name of Corporation as	currently filed with the Flori	da Dept. of State)
N18000010912		,
(Document	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006. Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the col	rporation:	
Technology Solution Provider Information Sharing and	d Analysis Organization, Inc.	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u> .		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOS</u>	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flo.	rida street address)
		. Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent. I		he obligations of the position.
	Signature of New Registe	red 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.

Time dones, a do remove	, ciria ixelle ixilii	177 187 (477) 2001.	
Example: X Change X Remove X Add	PT John J V Mike SV Sally	Doe Jones Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			-
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
(anternational states), y necessary, (ive spectator)	
	—

The	e date of each amendment(s) adoption:	_, if other than the
date	e this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records.	e listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated September 4, 2019	
	Signature	_
	(By the chairman of 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)	
	Joshua Poe	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	