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2020 MAR 27 AM II: 22 SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	ON THE CHA	TICHAL (DURIER	SERVILES	ASSOCIAT
					I
DOCUMENT NUMBER:	N 190000	009635	_,		
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:			
	H060 CU	EVAS - MI	OHR		
		(Name of Contact Perso	n)		
	MOHR	WORLD C	5 N S J L -	TING	
		(Firm/ Company)			
	7443 N	KENDALL (Address)	DR.	#2707	
		(Address)		-	
	Mi	AMI, FL	3315	6	
<u> </u>		(City/ State and Zip Coo	le)		
	-mail address: (to be used	o mohr	. worl	<u></u>	
	-mail address: (to be used	for future annual report	notification)		
For further information con-	cerning this matter, please	call:			
<u> </u>	CUEUAS - M (Name of Contact Person	IOHR at	305	302665	<u>'</u>
	(Name of Contact Person) (А	area Code) — (Daj	ytime Telephone Number	7)
Enclosed is a check for the	following amount made pa	iyable to the Florida Dep	partment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filir Certificate of Certified Co (Additional Enclosed)	of Status opy	
Mailing 3			t Address		
	ent Section	•	dment Section on of Corporation	15	
P.O. Box	of Corporations 6327		Centre of Tallah		
	ee, FL 32314		N. Monroe Stre		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

INTERNATIONAL COURIEN	SERVICES ASS	OCIATION IN
Name of Corporation as currently filed with the Florida	Dept. of State)	
N19000009635		
(Document Nun	aber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statuamendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For Prof</i>	it Corporation adopts the following
A. If amending name, enter the new name of the corpor	NA	The new
name must be distinguishable and contain the word "corpor "Company" or "Co," may not be used in the name.	ration" or "incorporated" or t	he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	SECRETARY OF STATE TALLAHASSEE FLORID
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	ffice address in Florida, enter e address:	the name of the
Name of New Registered Agent:	NIA	
(Florida street address) New Registered Office Address:	reet address)	
THE REGISTER OFFICE PRODUCTION .	N/A	. Florida
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: familiar with and accept the of $ \swarrow $	oligations of the position.
	Signature of New Registered A	lgent, 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 Does P7 Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: X Change John Doe X Remove Mike Jones Sally Smith X Add Address Title Type of Action Name (Check One) PILARANCEL ΕD I) ____ Change ____ Add Remove 7440 N KENDALLDA. PAULINA RANDMETS VP 2) ____ Change Add X Remove 15320 NW 6th CT Pembloke Pines, FL 33028 8086 NW 74th AVE MIAMI, FL 33166 MAURICIO GOMEZ 4) ____ Change Add ____ Remove 7705 NW 46th St. MARCELA ISAACS 5) Change Add Remove JAMES CARDENAS 6) ____ Change ____ Add ____ Remove Page 2 of 4 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

	
	
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	2020 MAR 27 SECRETARY ALLIAHASSI
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	(/) <u>_</u>
	* 10
Page 3 of 4	
The date of each amendment(s) adoption:	
Effective date if applicable: 3 25 2020 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

İ	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 3/12/20
	Signature (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)
	HUGO CUEVAS - MOHR
	(Typed or printed name of person signing)
	\mathcal{C}
	(Title of person signing)

SECRETARY OF STATE

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