

PO2000005554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

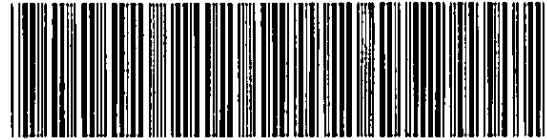
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000376348130

Amend

11/16/21--01016--001 **35.00

FILED
2022 FEB 11 AM 9:49
CLERK OF DISTRICT COURT
DISTRICT OF COLUMBIA

A. RAMSEY
FEB 14 2022

*00789, 01168, 00707, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 FEB 11 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FL

December 9, 2021

CARLOS OCTAVIO ALVA ALFARO
INDUSTRIAL SUPPLY & SERVICES INC
PO BOX 771615
MIAMI, FL 33177 US

SUBJECT: INDUSTRIAL SUPPLY & SERVICES, INC.
Ref. Number: P02000005554

We have received your document for INDUSTRIAL SUPPLY & SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 421A00029628

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INDUSTRIAL SUPPLY & SERVICES INC

DOCUMENT NUMBER: P02000005554

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS OCTAVIOALVA ALFARO

Name of Contact Person

INDUSTRIAL SUPPLY & SERVICES INC

Firm/ Company

PO BOX 771615

Address

MIAMI FL 33177

City/ State and Zip Code

PRESTIGETAXCONSULTANT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARMEN TORRES at (786) 592-2600
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| ☒ \$35 Filing Fee | ☐ \$43.75 Filing Fee &
Certificate of Status | ☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | ☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
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
of

INDUSTRIAL SUPPLY & SERVICES INC

FILED

2022 FEB 11 AM 9:49

(Name of Corporation as currently filed with the Florida Dept. of State)

P02000005554

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

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.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☒ Add ☐ Remove	VP	JOSE C ALVA ZALDIVIA	PO BOX 771615 MIAMI FL 33177
2) ☐ Change ☒ Add ☐ Remove	VP	DANIEL A ALVA ZALDIVIA	PO BOX 771615 MIAMI FL 33177
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)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

DECEMBER 10, 2021

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

DECEMBER 10, 2021

Effective date if applicable: _____
(no more than 90 days after amendment file date)

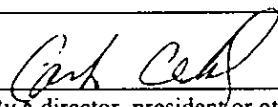
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)

Dated DECEMBER 10, 2021 _____

Signature  _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CARLOS OCTAVIO ALVA ALFARO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)