P06000008339

(Re	equestor's Name)	
(Ad	dress)	
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	ty/State/Zip/Phone #	
(Cit	.y/State/Zip/Pflone #)
PICK-UP	WAIT	MAIL
/Bu	siness Entity Name)	
	omeos Emily Hame,	
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECHETARY OF SIATE
ALL AHASSEE, FLORID

Aniend C.COULLIETTE

NOV 132008

EXAMINER

AM & ASSOCIATES ENTERPRISES PA 1689 NE 123rd. St. North Miami Florida 33181 Phone: 305-893-2669 fax 305-891-3458 EMAIL <u>MABELROMANIUK@BELLSOUTH.NET</u>

STATE OF FLORIDA DIVISION OF CORPORATION POBOX 6327 TALLAHASSEE FLORIDA 32314

Enclosed find a check for \$43.75 and Articles of Amendment for

SIS COM INTERNATIONAL CORP

Please return the Articles to my office

Thank You

Mabel Romániuk Public Accountant

Articles of Amendment to Articles of Incorporation of

SIS COM INTERNATIONAL CORP		
(Name of Corporation as currently filed with the Florida Dept. of State)		
P06000008339		
(Decomposit Number of Composition (if Immun)		

(Document N	umber of Corporati	on (if known)		
Pursuant to the provisions of section 607.1 following amendment(s) to its Articles of Inc		es, this <i>Florida Profi</i>	t Corporation adopts	the
A. If amending name, enter the new name	of the corporation	<u>ı:</u>		
The new name must be distinguishable "incorporated" or the abbreviation "Corp. "Co". A professional corporation na association," or the abbreviation "P.A."	," "Inc.," or Co.,	" or the designation	"Corp," "Inc," or	
B. Enter new principal office address, if a	pplicable:			
(Principal office address <u>MUST BE A STRI</u>	EET ADDRESS)		2	
			8 33	
			<u> </u>	-: -: -:
C. Enter new mailing address, if applicab	ole:		TAR ASS	enements A
(Mailing address MAY BE A POST OF)				il Esseni
			32 5	فبرج اب
			<u> </u>	
D. If amending the registered agent and/o			iter the name of the	
new registered agent and/or the new re	gistered office add	iress:		
Name of New Registered Agent:	EUSTACIO R	ROJAS		
	1687 NE 123	RD ST		
New Registered Office Address:		da street address)		
	NORTH MIAN	ΛI	, Florida 33181	
		(City)	(Zip Code)	
New Registered Agent's Signature, if chan	ging Registered A	gent:		
I hereby accept the appointment as register position.	red agent. I am j	familiar with and acco	ept the offications of	`the
	Χ	5		
_	Signature of New	Registered Agent Alex	anging	

removed and	he Officers and/or Directors, enter the title, name, and address of each Officer onal sheets, if necessary)		rector being
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	MIGUEL SUAREZ BERRIE	1687 NE 123RD ST NORTH MIAMI FL 33181	Add Remove
<u>VP</u>	KARINA CONDE	221 MERIDIAN AVE APT2 MIAMI BEACH FL 33139	✓ Add ☐ Remove
	· · · · · · · · · · · · · · · · · · ·		☐ Add ☐ Remove
(attach addi	g or adding additional Articles, enter c		uad shares
provisions	ndment provides for an exchange, recla is for implementing the amendment if no applicable, indicate N/A)		

The date of each amendment	(s) adoption: 10/20/08
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemen d 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)
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_ <u>10/2</u>	0/08
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	EUSTACIO ROJAS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)