P09000072407

(Requestor's Name)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ISCHEBECK USA	A, INC.	
DOCUMENT NUM	P00000072407		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Sladjana V Gargiulo		
		Name of Contact Person	1
	Ischebeck USA, Inc.		
		Firm/ Company	
	3050 Horseshoe Dr N		
		Address	
	Naples, FL 34119		
		City/ State and Zip Code	e
	s.vasic@ischebeckusa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter. plea:	se call:	
Sladjana V Gargiul	0	at (239	316-1026
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

ISCHEBECK USA, INC.

ISCHEBECK USA, INC.				
(Name o	of Corporation as currently	filed with the Florida Dept.	of State)	
P09000072407				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. ts Articles of Incorporation:	.1006, Florida Statutes, this F	Clorida Profit Corporation ado	pts the followi	ng amendm
A. If amending name, enter the new na	ame of the corporation:			
	<u> </u>			<i>7</i> 21
name must be distinguishable and contain "Inc" or Co" or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A			
	if annii anhia.	N/A		
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>		<u></u>		
	·····			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
(Muning address MAT DE A 1 051)	OTTICE BOX			
 If amending the registered agent an new registered agent and/or the new 		ess in Florida, enter the name	of the	
	N/A			
Name of New Registered Agent				_
				_
	(Florida stre	ei address)		
New Registered Office Address:	N/A	,1	Plorida	
	(City)	(Zip	Code)
				<u></u>
lew Registered Agent's Signature, if c hereby accept the appointment as regist		ith and accept the obligations	of the position.	
ne appointment as regist	and the second of the second o	www. www.pr	J may bound	21
				Ç.
				25
	Signature of New Re	gistered Agent, if changing		

Check if applicable

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

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	GUNTER SENGEL	3050 HORSESHOE DR N
Add			STE 275
X Remove			NAPLES, FL 34104
2) Change	PD	ANDREW BOMBASSARO	3050 HORSESHOE DR N
X Add			STE 275
Remove 3) Change			NAPLES, FL 34104
Add			
Remove			- <u> </u>
4) Change		<u> </u>	
Add			
Remove			
5) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			Appelling Address of the Appelling A
6) Change			·
Add			
Remove			

	icles, enter change(s) here: (Be specific)
I/A	
Ifdt analytics for an evol	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
I/A	

June 14, 2021 The date of each amendment(s) adoption:	, if other than th
late this document was signed.	
Effective date if applicable:	
(no more than	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicament's effective date on the Department of State's records	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, action was not required.	or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was/	were sufficient for approval
by	···
(voting group)	
Dated 07/12/2021	
	fficer = if directors or officers have not been the hands of a receiver, trustee, or other court ary)
ANDREW BOMBASSAF	RO
(Typed or print	ed name of person signing)
PRESIDENT	
(Title of person	signing)