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SLONETARY OF STATE
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COVER LETTER

TO: Amendment Section

Division of Corporations ISG INVESTMENT SKILLS GROUPING NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALBORTO ALIZELLINI at (954) 5299438

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **2** \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

ηf

ISG INVESTMENT SKILLS GROUP INC

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

P10000042618

(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:

name must be distinguishable and contain the word "corporation," "company," abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A name must contain the word "chartered," "professional association," or the abbreviati B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, entenew registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address)	"or Co.," or the designation "Corp," "Inc," or "Co". A professional corporcional corporcional association," or the abbreviation "P.A." The address, if applicable: IST BE A STREET ADDRESS NA Tess, if applicable: EA POST OFFICE BOX The address in Florida, enter the name of the address in Florida, enter the name of the address in Florida and the new registered office address: The address in Florida and the name of the address in Florida.		N/A		The
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, entonew registered agent and/or the new registered office address: Name of New Registered Agent:	ed agent and/or registered office address in Florida, enter the name of the d/or the new registered office address: Address:	abbreviation "Corp.," "Inc.," or Co.," or the designation "Co	orp," "Inc," or "Co	". A professional c	d'' o orpoi
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, entended new registered agent and/or the new registered office address: Name of New Registered Agent: Name of New Registered Agent:	ed agent and/or registered office address in Florida, enter the name of the d/or the new registered office address: red Agent: Address: (Florida street address)				
D. If amending the registered agent and/or registered office address in Florida, entonew registered agent and/or the new registered office address: Name of New Registered Agent:	ed agent and/or registered office address in Florida, enter the name of the d/or the new registered office address: red Agent: Address: (Florida street address) Florida	(Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA	E G	يار
D. If amending the registered agent and/or registered office address in Florida, entonew registered agent and/or the new registered office address: Name of New Registered Agent:	ed agent and/or registered office address in Florida, enter the name of the d/or the new registered office address: red Agent: Address: (Florida street address) Florida			H	2
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Name of New Registered Agent:	red Agent: Address: (Florida street address) , Florida				/
Name of New Registered Agent:	red Agent: Address: (Florida street address) , Florida	D. If amending the registered agent and/or registered office	address in Florida.	enter the name of the	he
	. (Florida street address)				-
	. (Florida street address)	Name of New Registered Agent:)/ A		
New Registered Office Address: (Florida street address)	, Florida				
		New Registered Office Address: (Florid	da street address)		
	(City) (Zip Code)			, Florida	
(City) (Zip		(City)		(Zip Code)	
(City) (Zip		New Registered Office Address: (Florid	da street address)		_
hereby accept the appointment as registered agent. I am familiar with and accept the	an as registered agent. I am juminar with and accept the confactions of the p	New Registered Agent's Signature, if changing Registered Agent Homely accept the appointment as registered agent. Lam family	iar with and accent	the obligations of the	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
RETACY	JOSE ROBERTO RANILEZ	1756 N. BAYSHOLE MIAMI, FL 33132	M Add □ Remove
			☐ Add ☐ Remove
<u></u>			☐ Add ☐ Remove
	ng or adding additional Articles, enter clitional sheets, if necessary). (Be specific		
provision	ndment provides for an exchange, reclass for implementing the amendment if no applicable, indicate N/A)		
(ij noi		\	

The date of each amendment(s)	adoption: JUNE 10, 2011
	(date of adoption is required)
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	oting group)
(vo	oting group)
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	
selecte	director, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court
арроіп	ted fiduciary by that fiduciary)
	BORIS G. DURAN
_	(Typed or printed name of person signing)
	PRESIDENT
_	(Title of person signing)