## P13000089349

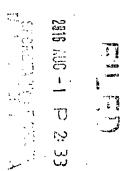
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ISSH CO		
DOCUMENT NUMBER: P13000089349		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
RACHELLE PEROTTE		
	Name of Contact Perso	on
ISSH CO		
	Firm/ Company	
12717 W. SUNRISE BLVD,	SUITE 132	
	Address	
SUNRISE, FL 33323		
<del></del>	City/ State and Zip Coo	de
NATACHA@TAXPILOTONCON	SULTING.COM	
E-mail address: (to be us	ed for future annual repor	t notification)
For further information concerning this matter, pleas	e call:	
RACHELLE PEROTTE	at ( <sup>305</sup>	783-7413
Name of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Dep	artment of State:
\$35 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	Amen Divisi Cliftor	Address  dment Section on of Corporations n Building  Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ISSH CO

P13000089349	oration as currently filed with the Flo	rida Dept. of State)
	ocument Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corp</i>	oration adopts the following amendment(s) to
A. If amending name, enter the new name of the	ne corporation:	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co". A profession	
B. <u>Enter new principal office address, if applic</u> (Principal office address <u>MUST BE A STREET</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
D. If amending the registered agent and/or reg new registered agent and/or the new registe		er the name of the
Name of New Registered Agent		19
	(Florida street address)	<u> </u>
New Registered Office Address:		, Florida

## 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:	эте, ини зи	ny Smin, Sv us un Auu.	
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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	JESEN J ETIENNE	12717 W. SUNRISE BLVD
X Add			SUITE 132
Remove			SUNRISE, FL 33323
2) Change			,
Add			
Remove			
3) Change			
Add			·
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

uon aaamonut 3/	ling additional Artic heets, if necessary).	(Be specific)			
-					
			<u>.</u>		
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					<del>-</del> ··
provisions for imp	rovides for an excha lementing the amen ble, indicate N/A)	inge, reclassificat dment if not con	ion, or cancellati	on of issued share ndment itself:	<u>s,</u>
			- <del></del>		

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this ledocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	24,2014	
Signature	ochelle Perott	
	itector, 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 ted fiduciary by that fiduciary)	
	RACHELLE PEROTTE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	