## 714000092520

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## **COVER LETTER**

NAME OF CORPORATION: TNUESTIGATIVE SERVICES UNLimited GROUP FUC.

DOCUMENT NUMBER: P-14000092520

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

Please return all correspondence concerning this matter to the following:

Cuillermo HELEVATTIA

Name of Contact Person

Investigative Services Unlimited Group Fouc

Firm/ Company

19360- S.W. 29th CT

Address

Milamar, Florida 33029

City/ State and Zip Code

Investigative Services unlimited & Outlook. (om E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guillamo Feche VANIA at (954) 627-2577

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:

S35 Filing Fee
Certificate of Status
Certified Copy
(Additional copy is enclosed)

S43.75 Filing Fee & Certified Copy
(Additional Copy is enclosed)

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with th	te Florida Dept. of State)
P14000092520	
(Document Number of Corporatio	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new T
name must be distinguishable and contain the word "corpora" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," oword "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must-contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
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 a new registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Floride	a street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Ag  I hereby accept the appointment as registered agent. I am famili	<u>ent:</u>
Signature of New Register	·

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> <u>John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)  1) Change Add Remove	Title V	HECHEVARRIA, LIDA M	Address  19360. S.W. 29  CT. MIRAMAR.  FLA. 33029
2) Change Add Remove			
Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artical (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y nor approach, marcare)	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 12 8 14	
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Astellarmo Albahevanio	
(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)	
Guillerms 8 Hecheureria (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Dage: 1. To	
(Title of person signing)	<del></del>
/ F D)	