

	questor's Name)	
(ive	questor s maine)	
(Ad	dress)	
(/ 10	uicos,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500276066855

08/20/15--01006--015 **35.00

15 AUG 20 AM 5: 50

AUG 2 1 2015

R. WHITE

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: ____ INTEGRAL SOLUTIONS 899 CORP DOCUMENT NUMBER: P15000016796 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALEXANDRA C. CASTANO Name of Contact Person ACC CONSULTING SERVICES Firm/ Company 175 FONTAINEBLEAU BLVD, STE 2K8 Address MIAMI, FL 33172 City/ State and Zip Code ALEXANDRACRISTINA2001@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALEXANDRA C. CASTANO at $(\frac{305}{\text{Area Code & Daytime Telephone Number}})$ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$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 Certified Copy enclosed) (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

INTEGRAL SOLUTIONS 899 CORP

15 AUG 20 AH 5: 50

10 100 20 101 3, 30
currently filed with the Florida Dept. of State)
TALLAUROCE FLOOD!
TALLAHASSEE, FLORIDA
umber of Corporation (if known)
ites, this Florida Profit Corporation adopts the following amendme
tion:
10001.
The new
rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
(2
bearing and shall be trained and the state of the state o
fice address in Florida, enter the name of the
address:
lorida street address)
, Florida
(City) (Zip Code)
(City) (Zip Code)
d Agent:
familiar with and accept the obligations of the position.

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.

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>	Address
1) Change	PD	ANGEL LEONARDO IANNUZZI	10825 SW 88 STREET
X Add			APT 238
Remove			MIAMI, FL 33176
2) Change	Р	ZACHER J VELASQUEZ	11353 NW 87 LANE
Add			DORAL, FL 33178
X Remove			
3) Change	PD	ZACHER J VELASQUEZ	11353 NW 87 LANE
X Add			DORAL, FL 33178
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

	ing additional Articles, ent eets. if necessary). (Be sp	ecific)		
	•			
			······································	
	· · · · · · · · · · · · · · · · · · ·	P. J		
	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·			

	· · · · · · · · · · · · · · · · · · ·			
			1, 11	
f an amendment nr	rovides for an exchange, ro	rclassification, or cance	llation of issued share	•
provisions for imp	lementing the amendment	if not contained in the	amendment itself:	3
(if not applicab	le, indicate N/A)			
			 	
_				
		· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·		
		<u>.</u>		

The date of each amendment(s) adoption date this document was signed.	•	, if other than the
Effective date <u>if applicable</u> :	·	
	(no more than 90 days after amendment file date)	***************************************
Note: If the date inserted in this block do document's effective date on the Departmen	nes not meet the applicable statutory filing requirements, this date went of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
	by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	amendment(s) was/were sufficient for approval	•
by	23	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
07/27/2015		
Dated	ber delasquez.	
(By a director, selected, by an	president or other officer – If directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	,
ZACHI	ER J VELASQUEZ	
	(Typed or printed name of person signing)	
PRESI	DENT	
	(Title of person signing)	