## P16600361558

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## **COVER LETTER**

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TO: Amendment Section Division of Corporations
NAME OF CORPORATION: 139 Werds Brother Solutions I. C. DOCUMENT NUMBER: 1600061558.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Y UNION S QUENCED  Name of Contact Person
Firm/Company  Address  Address
City/ State and Zip Code
Patribazalar @ hotmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Winter January at (954) 304-5058  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:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment
Articles of Incorporation
Of Byother Solutions July (Name of Corporation as currently filed with the Florida Dept. of State)  (Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to ts Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
IZQUIERDO BROTHERS SOLUTIONS INC The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
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, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent PATRICIA B IZQUIERPO
New Registered Office Address:    New Registered Office Address:   Penbloke Pines   Florida   33006     (City)   (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  Signature of New Registered Agent of Changing

address of each Office (Attach additional she Please note the officer P = President; V= Vi Executive Officer; CF held. President, Treas Changes should be no a change, Mike Jones Mike Jones, V as Rem	er and/or Director ets, if necessary) director title by the ce President; T= T O = Chief Financi urer, Director would ted in the following leaves the corpora	being added:  e first letter of the officeasurer; S= Secreta al Officer. If an office of the PTD. manner. Currently tion, Sally Smith is no	fice title: ary; D= Director; TR= icer/director holds more John Doe is listed as the	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is a should be noted as John Doe, PT as a Change,
Example: X Change	PT John	<u>Doe</u>		
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>		
X Add	SV Sally	<u>Smith</u>		
Type of Action	<u>Title</u>	Name		Address
(Check One)  1) Change     Add     Remove	VP-6.	PATELCIA	3. Izavieldo	10721 W 115t. Poullidle Pines. & 1. 33026.
2) Change				
Add Remove				
3) Change			<del></del>	
Add				<del></del>
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				<del></del>
6) Change				

\_\_ Add

\_\_\_ Remove

ttach additional sheets, if necessary).	(Be specific)
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an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y not applicable, maleute 1971)	

The date of each amendment(s) adoption:date, this document was signed.	, if other than th
Effective date if applicable:	
(no more than 90 days afte	er amendment file date)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each vote separately	
"The number of votes cast for the amendment(s) was/were sufficier	nt for approval
by(voting group)	**
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shaction was not required.	nareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehaction was not required.	nolder action and shareholder
Dated_ 8-26-16,	
Signature X	
(By a director, president or other officer – if dir selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
Typed or printed name of po	quierdo.
Typed or printed name of print	erson signing)
Thride	it .

(Title of person signing)