P160000098763

(Re	questor's Name)	"
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ISREAL BEST SE	ERVICES INC		
DOCUMENT NUMBE	R: P16000098763		·	
	Amendment and fee are su	abmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
IS	SRAEL H NUNEZ			
		Name of Contact Person	n	
IS	SREAL BEST SERVICES	INC		
		Firm/ Company		
7:	34 KANKAKEE LANE			
	Address			
O	RLANDO, FLORIDA			
City/ State and Zip Code				
For further information c	E-mail address: (to be us	sed for future annual report	notification)	
ISRAEL H NUNEZ		at (³²¹	900-1731	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	\$43.75 Filing Fee &	□\$43.75 Filing Fee &	☐\$52.50 Filing Fee Certificate of Status	
	Certificate of Status	Certified Copy (Additional copy is enclosed)	Certified Copy (Additional Copy is enclosed)	

Articles of Amendment to Articles of Incorporation of

ently filed with the Florida Dept. of State)	
er of Corporation (if known)	
i of corporation (if tallowity	
his Florida Profit Corporation adopts the following amend	ment(s) t
The	ew TI
ntion," "company," or "incorporated" or the abbreviality r "Co". A professional corporation name must cantain on "P.A."	
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ddress in Florida, enter the name of the ess:	
atmost address)	
street address)	
street address), Florida(City) (Zip Code)	
h :	is Florida Profit Corporation adopts the following amend The in tion," "company," or "incorporated" or the abbrevial "Co". A professional corporation name must contain of "P.A."

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)

Example:

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> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	TREASI	ENRIQUE A CRUZ ARTICA	734 KANKAKEE LANE
Add			ORLANDO FL 32807
X Remove			
2) Change	SECRE7	NICLOE SANTANA	734 KANKAKEE LANE
Add			ORLANDO FL 32807
X Remove			
3) Change			
Add			
Remove			
4) Change	· ——-	` 	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			,
1XC1110 4 C			

Attach additional sheets, if necessary).	cles, enter change(s) her (Be specific)	-		
			<u></u>	
				<u> </u>
			·	
If an amendment provides for an exch	anga roologgification o	cancellation of icense	ł charos	
provisions for implementing the ame	ndment if not contained	in the amendment itse	elf:	
(if not applicable, indicate N/A)	·			
				-
				<u>.</u>
<u> </u>				
				······································

	03/15/2017	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	•	
	5/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	•}
	(no more than 50 days after amenament fire date)	,
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirement partment of State's records.	ts, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amficient for approval.	endment(s)
	oved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and share	cholder
03/18/2017		
Dated		
(
Signature /	Israel Duner	
	rector, president or other officer - if directors or officers have	
selected	, by an incorporator - if in the hands of a receiver, trustee, or	other court
appoint	ed fiduciary by that fiduciary)	
	ISRAEL H NUNEZ	
•	(Typed or printed name of person signing)	
	PRESDIENT	
-	(Title of person signing)	