## P17000054701

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## **COVER LETTER**

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TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: \Sis	Services (	Corp			
DOCUMENT NUMBER: P17000054701						
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	oondence concerning this ma	ter to the following:				
_	[saris	Dominquez Name of Contact Perso	Rogue			
-		Name of Contact Perso ervices Cor Firm/ Company				
		- ·	re Suite 214			
_		Address mi H-3=				
_		City/ State and Zip Cod	le			
_	E-mail address: (to be us	cd for future annual repor	one. net			
For further information concerning this matter, please call:						
Saris Dominguez Roque at (305) 7965475  Name of Contact Person Area Code & Daytime Telephone Number						
Name of	Contact Person	Area Co	ode & 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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amen Divisi	ng Address dment Section on of Corporations Box 6327	Ameno Divisio	Address  dment Section on of Corporations Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to

Articles of Incorporation of

FILED

	Isis Sor	vices Co	021, JAN 21 PM 7: 45	
(Name of Corpo	ration as currently	filed with the Florida	A Dept. of State) OF STATE SECRETARY OF STATE OKLO AHASSEF, FL	-
	·			
(Do	cument Number of C	Corporation (if known	) [	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this <i>Fl</i>	orida Profit Corpora	tion adopts the following an	nendment(s) to
A. If amending name, enter the new name of the	e corporation:	and One	Corb 71	a naw
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the al	Inc," or "Co". $A$ $\mu$	mpany," or "incorpor professional corpora	rated" or the abbreviation "( tion name must contain th	Corp.," e word
B. Enter new principal office address, if application	able:	9020	sw 137 A	<u>e</u>
(Principal office address MUST BE A STREET)			suite 214	
		M	Suite 214 iami Fl-33	186
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Same		<u></u>
D. If amending the registered agent and/or reginew registered agent and/or the new registered Name of New Registered Agent	stered office addres red office address:	ss in Florida, enter tl	he name of the	
	(Florida street	t address)		
New Registered Office Address:			Florida	
-	(C	lity)	(Zip Code	)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: 11. – I am familiar wit	h and accept the oblig	gations of the position.	
	ignature of New Reg	istered Agent, if chan	ging	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
		_ <b>-</b> -		
Add				
Remove				
4) Change		_		
Add				·
Remove				
5) Change		_	<u> </u>	<u> </u>
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional	dding additional At sheets, if necessary)	). (Be specific)	·= <del></del>			
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provisions for in	provides for an examplementing the amable, indicate N/A)	change, reclassific nendment if not co	ation, or cancella ntained in the am	tion of issued sha lendment itself:	ares,	
(у ног аррис	ante, mateure way					
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			<u> </u>			
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		1 1	
The date of each amendment(s) adoption date this document was signed.	:: <u> </u>	108/2021	if other than the
Effective date <u>if applicable</u> :	(no more than 90	01 /2021 days after amendment	file date)
Note: If the date inserted in this block do document's effective date on the Departme	es not meet the applic nt of State's records.	able statutory filing red	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by action was not required.	the incorporators, or b	ooard of directors witho	ut shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient		number of votes cast f	or the amendment(s)
☐ The amendment(s) was/were approved be must be separately provided for each verience.	by the shareholders thro thouting group entitled to	ough voting groups. The vote separately on the a	e following statement mendment(s):
"The number of votes cast for the	amendment(s) was/wer	re sufficient for approva	ıl
by			
	(voting group)		
DatedSignature	01/08/202	<u>-1</u>	
selected, by an		er – if directors or office hands of a receiver, tro	
	1 saris I	ominguez name of person signing)	Roque
	_		,
	Presiden		. <u> </u>
	(Title of person sig	ning)	