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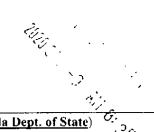
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ISA'S ENTERPRIS	ES, INC.					
DOCUMENT NUME	BER: P17000066710						
	The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corres	spondence concerning this mat	ter to the following:					
	ISA MORAN						
		Name of Contact Person	1				
	ISA'S ENTERPRISES, INC.						
		Firm/ Company					
	1684 TARGET CT., SUITE 1	2					
		Address					
	FORT MYERS, FL 33905						
		City/ State and Zip Code	e				
	BAILBONDS007@YAHOO.	СОМ					
	E-mail address: (to be us	ed for future annual report	notification)				
	n concerning this matter, pleas		603-9953				
ISA MORAN		at (239)				
Name o	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	artment of State:				
■ \$35 Filing Fee	□\$43.75 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)				
Ame Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303				

Articles of Amendment to Articles of Incorporation of



ISA'S ENTERPRISES, INC.

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	
P17000066710		~J,	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:		
N/A		The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "Chartered," "professional association."	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1684 TARGET CT., SUITE 12	
		FORT MYERS, FL 33905	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1684 TARGET CT., SUITE 12	
		FORT MYERS, FL 33905	
D. If amending the registered agent ar new registered agent and/or the ner	id/or registered office ad w registered office addre	dress in Florida, enter the name of the	
·	N/A		
Name of New Registered Agent	1684 TARGET CT., SUI	TE 12	
	(Florida :	street address)	
New Registered Office Address:	FORT MYERS	, Florida 33905	
rew negative confect squaress.		(City) (Zip Code)	
New Registered Agent's Signature, if c		<u>11:</u> r with and accept the obligations of the position.	
Thereby design the approximate and eggin	area agem i am jamma	The same and the s	
	==		
	Signature of New	Registered Agent, if changing	

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.

X Change	<u>PT</u> <u>Johr</u>	<u>ı Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р		1684 TARGET CT.
Add	MORAN, ISA 2150 FOWLE		SUITE 12
Add	SUITE 120 FORT MYERS		FORT MYERS, FL 33905
2) Change	N/A	N/A	N/A
Add			
Remove 3) Change	N/A	N/A	N/A
Add			
Remove			
4) Change	N/A	N/A	N/A
Add			
Remove			
5) Change	N/A	N/A	N/A
Add			
Remove			
6) Change	N/A	N/A	N/A
Add			
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
·	and the state of t
an amenoment provides for an excu	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	9/1/20	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.		
	/1/20	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
	(iii) iiiiii 70 days ayee diiiciidiiciii yile dale)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendme e sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	••	
<u> </u>	(voting group)	
9/1/20		
Dated	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature	Hallhair	
(By	a director, president or other officer – if directors or officers have not beceted, by an incorporator – if in the hands of a receiver, trustee, or other content of iduciary by that fiduciary)	
	ISA MORAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	