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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: INTERIOR SCEN	ITS CORP						
DOCUMENT NUMBER: P22000088191								
The enclosed Articles of Amendment and fee are submitted for filing.								
Please return all c	orrespondence concerning this ma	tter to the following:						
	RASNELY LAZO							
	Name of Contact Person							
	INTERIOR SCENTS CORP							
	Firm/ Company							
	14534 SW 93RD TERRACE							
	Address							
	MIAMI, FL 33186							
	City/ State and Zip Code							
	info@imtaxadvisors.com							
	E-mail address: (to be us	sed for future annual report	notification)					
				골유				
For further inform	nation concerning this matter, plea	se call:						
ITCHEL H. MANSOURI		305	631-6666					
Na	Name of Contact Person Area Code & Daytime Telephone Number		de & Daytime Telephone Number					
Enclosed is a chee	ck for the following amount made	payable to the Florida Depa	artment of State:	TATE				
S \$35 Filing Fo	ee	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

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## Articles of Amendment to Articles of Incorporation of

INTERIOR SCENTS CORP

INTERIOR SCENTS CORP	·
(Name of Corporation as currently filed with the Florida Dept. of State)	
P22000088191	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fe its Articles of Incorporation:	ollowing amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abb. "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A."	reviation "Corp.,"
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)	
	<del></del>
	923 KAY
D. If any direction and any total and any continued office address in Claude, and the name of the	- 50° ₹
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:	26
	6 c 🚈
Name of New Registered Agent	AH 9: 49 Of STAT SEE, FL
	. H
(Florida street address)	
New Registered Office Address:	
(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 po-	sition.
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.

Example: 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>	Name	<u>Addres</u> s
1) Change	٧	GARCIA, YANAIS	13754 SW 147 CIR LN
Add			APT 2
X Remove			MIAMI, FL 33186
2) Change	V	JAVIER ALVAREZ RODRIGUEZ	14534 SW 93RD TERRACE
X Add			MIAMI, FL 33186
Remove Change			
A <b>đ</b> d			S C C
Remove			<u> </u>
4) Change			7
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) ad	option:	, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wartment of State's records.	vill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	sted by the incorporators, or board of directors without shareholder action a	nd shareholder
★ The amendment(s) was/were adoption by the shareholders was/were sufficiently.	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	; <del>;</del>	
	(voting group)	
MAY 8TH, 2	2023	
Signature		
selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	2023 MAY 2 SEORE 177 TALL733
1	RASNELY LAZO	AY 26
-	(Typed or printed name of person signing)	77

PRESIDENT

(Title of person signing)