Pa3000037514

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Otty Glater Elph Hone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
		
Special Instructions to Filing Officer:		





000419436140

11/29/23--01010--023 ++35.00





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ICIT SERVICES, I	NC			
DOCUMENT NUM	P23000037514				
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this ma-	tter to the following:			
	CRESPO, MISAEL				
	Name of Contact Person				
	14402 CW SOTH TERRACE	Firm/ Company			
	16497 SW 50TH TERRACE	Address			
	MIAMI, FL 33185	Address			
	City/ State and Zip Code				
	snookohead@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
MISAEL CRESPO		at (305	910-4710		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ICIT SERVICES, INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P23000037514	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "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)	N 1 1 1 2 3
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	<u> </u>
(Florida str. New Registered Office Address:	(City) Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	i with and accept the obligations of the position.
	NIA
Signature of New R	egistered 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)

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>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	RODRIGUEZ, WALESKA	16497 SW 50TH TERRACE
Add			MIAMI, FL 33185
X Remove			
2) Change			
Add			<u> </u>
Remove 3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	11/01/2023	
The date of each amendment	s) adoption:	, if other than the
date this document was signed.		
	11/01/2023	
Effective date if applicable:		
	(no more than 90 days after amendmen	if file date)
	his block does not meet the applicable statutory filing records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast re sufficient for approval.	for the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the	
"The number of votes	cast for the amendment(s) was/were sufficient for appro-	val
by		."
,	(voting group)	_
11/06/	2023	
Dated	50E5	
Signature	AD Indo	· · · · · · · · · · · · · · · · · · ·
	a director, president or other officer - if directors or off	icers have not been
	ected, by an incorporator – if in the hands of a receiver, t	
ap	pointed fiduciary by that fiduciary)	(~)
	MISAEL CRESPO	\
	(Typed or printed name of person signing	g) :: :: ::
	PRESIDENT	. 20
	(Title of person signing)	