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COVER LETTER

Division of Corpora			
NAME OF CORPORA	ATION: Internation	nal Integral	s Solutions Corp
DOCUMENT NUMBE	er: <u>1</u> 2200003	38499	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	171W63 Hialeat	Name of Contact Person Firm/ Company RD ST Address City/ State and Zip Code Code for future annual report	2
	E-man address. (to be us	ed for the annual report	notineation,
For further information	concerning this matter, pleas	se call:	
Jalmar 1 Name of	Luna Rover Contact Person	at ()de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	⊠\$ 43.75 Filing Fec & 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

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

International Integrals Solutions Corp. (Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
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 abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
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)
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:
Name of New Registered Agent JOSE I CORrolls Rivera
502 Landview St Unit B . 51 (Florida street address)
New Registered Office Address: TT Walton BeH Florida 32547 (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 position. Signature of New Registered Agent, if changing Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	PT	John Doe				
X Remove	<u>v</u>	Mike Jon	<u>es</u>			
X Add	<u>sv</u>	Sally Smi	ith			
Type of Action (Check One)	Title	<u>1</u>	<u>Name</u>		Address	
1) Change	<u>V</u> _		pseICan	ales Rivera	soz Landviewst	
Add Remove				_	(Init B FT Walton Belt, FL32:	547
2) Change	<u>S</u>		Alegandro 1	_	a 691 E43 RDST	_ ,
_X Add					Hialeah FL 33013	
Remove Change		<u> </u>				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		 -				
Add						
Remove						
6) Change				<u>. </u>		
Add						
Remove						

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
I want to modify the articles of incorporation	
I Want to modify the orticles of incorporation distributing the shares as Follows.	·
Jalmar Luna Rivera 45	
Alegandro Alfonso Garcia 45 Pose I Corroles Rivera 10	
Jose I Corrales Rivera 10	
	· -
	-
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	- - -
(if not applicable, indicate N/A)	,-
Jalmar Luna Rivera 45	
Alexandro Alfonso Coarcia 45	
Refandro Alfonso Coarcia 45 Pose + Corroles Rivera 10	
	

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Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder
action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by Jalmar Luna Rivera, Alyandro Alfonso Garcia, Jose I Corrales (voting group)
Dated
Signature Jalman Luna Rivera
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Jalmar Luna Rivera (Typed or printed name of person signing)
(Typed or printed name of person signing)
Procedent
(Title of person signing)