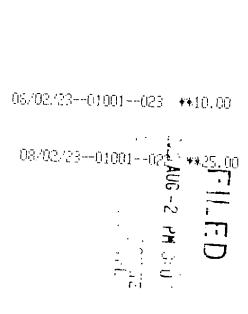
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	(Requestor's Name)	_
	(Address)	_
	/A dd	
	(Address)	
	(City/State/Zip/Phone #)	_
PICK-UP	WAIT MAIL	
	(Business Entity Name)	_
	(Business Entity Name)	
	(Document Number)	_
Certified Copies	Certificates of Status	
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: JUTEPUAT	ional Alliano	E MARKETIA Coep
DOCUMENT NUMBER	P230000	53179	
The enclosed Articles of A	tmendment and fee are su	bmitted for filing.	
Please return all correspond	Mana Familiand address: (to be us	Address City/ State and Zip Code Alliance Mu67 ed for future annual report	Alaketu g (unp)
MICHANE E-1	oncerning this matter, pleas Outact Person e following amount made p	at (<u>Area</u> Co	2c8 - S'935 ode & Daytime Telephone Number
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendi Division P.O. Bo	Address ment Section n of Corporations x 6327 ssee, FL 32314	Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment

to
Articles of Incorporation

of

International Allinice M	ARVETING (DED.
(Name of Corporation as current	lly filed with the Florida Dept. of State)
VX3000 53274	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
INTERNATIONAL AlliANCE	(ORD. The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	13956 OSPREY LINKS DOAD
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FLORIDA 32837 P.O. BOX 772262 CRLANDO, FLORIDA 32877
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida si	(reet address)
New Registered Office Address:	(City) , Florida (Zip Code)
	1
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	OFFICER	CATIND PINAY CLEANING SERVICES, LLC	V.O. Box 772262
Add		SERVICES, CLC	OCLANDO, FLA 32879
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			A-T
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
NO.	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument it not contained in the amendment usen.
	*

•

The date of each amendment(s) a	loption:	, if other than the
late this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the fficient for approval.	: amendment(s)
	roved by the shareholders through voting groups. The folleeach voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	, u	
	(voting group)	
selected	pector, president or other officer – if directors or officers had by an incorporator – if in the hands of a receiver, trusteed diductary by that fiduciary)	
	MICHAEL FIGUEILOA (Typed or printed name of person signing)	<u> </u>
	CEO	
	(Title of person signing)	