## P96000101700

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

3

NAME OF CORPORATION	N: INTERNATIONA	L HOSPITALITY	SOLUT	IONS
	P96000101700			
The enclosed Articles of Am	endment and fee are su	bmitted for filing.		
Please return all corresponde	nce concerning this ma	tter to the following	ng:	
GEOI	RGE J. MASSA			
<del></del>		Name of Cont	act Persor	
INTE	RNATIONAL HOSPI	TALITY SOLUTI	ONS	
		Firm/ Cor	npany	· · · · · · · · · · · · · · · · · · ·
11521	SW 90 STREET			
<del></del>		Addre	SS	
MIAN	41, FL 33176			
		City/ State and	Zip Code	
CNSLT4H7	LS@AOL.COM			
E	-mail address: (to be us	sed for future annu	al report	notification)
For further information conce	erning this matter, pleas	se call:		
GEORGE MASSA		30 at (	)5	793-4712
Name of Con	act Person	,	Area Co	_)de & Daytime Telephone Number
Enclosed is a check for the fo	llowing amount made	payable to the Flo	rida Depa	rtment of State:
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co- enclosed)	рy	□\$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 Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

П	NTER	NATION	lΔī	HOSPITAL	ITV SOL	LITIONS

96000101700			<u>tate</u> )
	(Document Number of Corpo	oration (if known)	
	•		
ursuant to the provisions of section 607.1006 s Articles of Incorporation:	6, Florida Statutes, this <i>Florid</i>	a Profit Corporation adopts	the following amendment(s
. If amending name, enter the new name	of the corporation:	N/A	The new
ame must be distinguishable and contain Corp" "Inc.," or Co.," or the designatio ord "chartered," "professional association,	n "Corp," "Inc," or "Co".		" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		n/a	
Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF)  If amending the registered agent and/or	registered office address in	N/A Florida, enter the name of	SEEF FLORIDS
new registered agent and/or the new re	gistered office address: CORGE J. MASSA		
Name of New Registered Agent	ORGE J. MASSA		
11:	521 SW 90 STREET		
	(Florida street addi	ress)	
	(1 10) tuu dh'eet ataa		
New Registered Office Address:	AMI	, Flor	ida

## 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
l) Change	P	GEORGE J. MASSA	11521 SW 90 STREET
X Add			MIAMI, FL 33176
Remove			<del></del>
2) X Change	D	SUSANNE J. MASSA	11521 SW 90 STREET
Add			MIAMI, FL 33176
Remove		,	
3 ) Change		<u> </u>	
Add			
Remove			
4) Change		N/a	
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove		1	
6) Change		N/A	
Add		<del></del>	
Remove			

	(Be specific)	/^	
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	<del> </del>		
f an amendment provides for an exc provisions for implementing the am	hange, reclassification	, or cancellation of issued shed in the amendment itself:	ares,
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification endment if not contain	, or cancellation of issued shed in the amendment itself:	ares,
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	adoption:		NR	, if other than the
date this document was signed.	,		•	
Effective date <u>if applicable</u> :	AUGU\$T 10, 2016			
	(no more than 90 days c	after amendment file date)		
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable state. Department of State's records.	atutory filing requirement	s, this date wi	II not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The numbe e sufficient for approval.	r of votes cast for the ame	endment(s)	
	approved by the shareholders through voi for each voting group entitled to vote sep			
	east for the amendment(s) was/were suffic	ient for approval		
by	(voting group)			
	(voting group)			
action was not required.	adopted by the board of directors without adopted by the incorporators without share			
action was not required.	adopted by the incorporators without shar	renorder action and sharer	loider	
AUGU Dated	ST 10, 2016			
Signature	Champlage 1			
	a director, president or other officer - if o			
	ected, by an incorporator – if in the hands	of a receiver, trustee, or o	ther court	
арр	ointed fiduciary by that fiduciary)			
	SUSANNE J. MASSA			
	(Typed or printed name of	person signing)		- <del></del>
	PRESIDENT			
	(Title of perso	on signing)		<del></del>