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TALLARIASSEE FLORIDA

J. HARRIS

COVER LETTER

TO:		istration Section ision of Corpor				
CUBI	IPOT.	Intec Internation	onal LLC			
Name of Limited Liability Company						
The e	nclosed	Articles of Am	nendment and fee(s) are sub-	mitted for filing.		
Please	e return	all corresponde	ence concerning this matter	to the following:		
			Gustavo Pines			
Name of Person						
			Intec International LLC			
			-	Firm/Company		
			3301 Ponce de Leon Blvd			
Address						
		•	Coral Gables, FL 33134			
	٠	ere jar-	gapines@gmail.com	City/State and Zip Code		
		•	E-mail address: (to be used for future annual re	eport notification)	· · · · · · · · · · · · · · · · · · ·
For fi	ırther ir	nformation cond	cerning this matter, please ca	all:		
Gusta	avo Pin			at ()	-4848	
		Name of Pe	erson	Area Code	Daytime Telepho	one Number
Enclo	sed is a	check for the 1	following amount:			
■ \$:	25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Intec International LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our rec a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	and assigned	
Florida document number L15000163111		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lini	nited Liability Company," the designation "!	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Enter new principal offices address, if applicable: (Principal office addres <u>s MUST BE A STREET ADD</u> F	PF(5)	
Trincipui office address most be A STREET ADDI	(E35)	-1 P3
Enter new mailing address, if applicable:		The same of the sa
(Mailing address MAY BE A POST OFFICE BOX)		(7)
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jose Luis Montoza	3301 Ponce De Leon Blvd	□ Add
		PH Suite	
		Coral Gables, FL 33134	□ Change
			Add
			Remove
			Remove
			Change
			D Add
			□ Remove
			Change
			- Value Aug 1
			Remove Conchange Conchange
			□ Remove

· II amendi	ng any other informat	ion, enter chang	e(s) here: (Atta	ch additional sh	eets, if necessa	ry.)	
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Note: If the document's the record	ate, if other than the ce date is listed, the date must be date inserted in this block effective date on the Despecifies a delayed h day after the reco	eck does not meet the partment of State's effective date,	he applicable stat s records.	utory filing requir	ements, this date	e will not b	e listed as th
Dotad Nov	ember 27	20	15				
Dated	Ta	Signature of a member	er or authorized er	resentative of a men	nher		
	Gustavo Fines	a memor	A Po	ACCOUNTAGE OF A INC.	inoei	SSEE	par
•		Туре	d or printed name of	of signce		1-77	P
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Filing Fee: \$25.00