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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: ITEX, INC. DOCUMENT NUMBER: <u>L</u>26839 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: INAKI SAIZARBITORIA, ESQ. Name of Contact Person INAKI SAIZARBITORIA, ESQ., P.A. Firm/ Company 21 S.W. 15 ROAD SUITE 200 Address MIAMI, FLORIDA 33129 City/ State and Zip Code inakisai@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ITEX, INC.

14 DEC -4 AM 8: 33

(Name of Corporation as currently filed with the Florida Dept. of State) L26839 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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 (Florida street address) Florida New Registered Office Address: (City) 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

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.

| X Change | <u>PT</u> | John Do | <u>oe</u> | |
|----------------------------|--------------|-------------|-------------------------|-----------------------|
| X Remove | <u>v</u> | Mike Jo | nes | |
| _X Add | <u>sv</u> | Sally Sn | nith | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | VP-D |) | ALICIA McCORMACK-MALAYE | 315 W. HEATHER DR. |
| Add | | | | KEY BISCAYNE, FLORIDA |
| Remove | | | | 33149 |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
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| | If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | | | | |
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| The date of each amendment(s) adoption: | SECRETARY SECRETARY DIVISION OF CO | OF STATE IRPORATIONS | _, if other than the |
|---|--|-------------------------|----------------------|
| date this document was signed. Effective date if applicable: | 14 DEC -4 | W 8: 33 | _, ir omer man uk |
| (no mo | ore than 90 days after amendment file date) | | _ |
| Adoption of Amendment(s) (CHECK O | <u>NE</u>) | | |
| The amendment(s) was/were adopted by the sharehol by the shareholders was/were sufficient for approval. | | idment(s) | |
| The amendment(s) was/were approved by the shareho must be separately provided for each voting group e. | | | |
| "The number of votes cast for the amendment(s |) was/were sufficient for approval | | |
| by(voting grou | <i>up)</i> ." | | |
| The amendment(s) was/were adopted by the board of action was not required. | directors without shareholder action and sha | areholder | |
| The amendment(s) was/were adopted by the incorpor action was not required. | rators without shareholder action and shareho | older | |
| Dated 12/03/14 | P-F11 | | |
| | other officer – if directors or officers have no r – if in the hands of a receiver, trustee, or oth fiduciary) | | _ |
| | ADOLFO MALAVE | | |
| T) | Typed or printed name of person signing) | | L |
| | PRESIDENT-DIRECTOR | | - |
| | (Title of person signing) | | |