## M64592

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Intergroup Technologies Incorporated DOCUMENT NUMBER: M64592 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Star M. Sansone Name of Contact Person Salter Feiber, P.A. Firm/ Company 3940 N.W. 16th Blvd., Bldg B Address Gainesville, FL 32605 City/ State and Zip Code dennis@checkerboardvineyards.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Star M. Sansone 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** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Intergroup Technologies Incorporated

2019 07 110 511 4:57

(Name	of Corporation as currently	y filed with the Florida Dept. of State)
M64592		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc." or "C	The new on," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if applications of the Control of th		
D. If amending the registered agent an new registered agent and/or the new	<u>w registered office address:</u>	
Name of New Registered Agent	James D. Salter	
	3940 N.W. 16th Blvd., Bld	g. B
	(Florida stre	et address)
New Registered Office Address:	Gainesville	, Florida_32605
		(City) (Zip Code)
New Registered Agent's Signature, if c		with and accept the obligations of the position.
	Simurora of Mone P	mint and America Mahamaian

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>	<u>Nam</u>	<u>ne</u>			Address
1) Change					-	<del>-</del> .
Add					-	
Remove						
2) Change		<u> </u>			_	
Add					-	
Remove						
3 ) Change				<u>-</u> .	_	
Add						
Remove						
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)
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f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	and the same of th
-	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment fil	e date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated 17/05/2019.	
Signature	<u> </u>
(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	
Dennis R. O'Neil	
(Typed or printed name of person signing)	
President	
(Title of person signing)	