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JUN 28 2017

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	ATION: INTER-CONTINE	ENTAL TRADING, INC.		
DOCUMENT NUME	P02000066679	·	·-·	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	TITO PENA			
		Name of Contact Person	1	
	INTER-CONTINENTAL TRADING, INC.			
		Firm/ Company		
	8620 NW 64 ST SUITE 12			
	Address			
	MIAMI, FL 33166			
		City/ State and Zip Cod	e	
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
TITO PENA		at (305	8171102	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 shassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

or incorporation	4-5	
of	<i>i1</i> .	1.5

INTER-CONTINENTAL TRADING, IN	NC.	·
(Name	of Corporation as current	tly filed with the Florida Dept. of State)
P02000066679		
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
		The new
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:		8620 NW 64TH ST SUITE 12
(Principal office address MUST BE A S		MIAMI, FL 33166
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8620 NW 64TH ST SUITE 12
(maining data et a profit subject to be	<u>0.7.102.201</u> ,	MIAMI, FL 33166
D. If amending the registered agent an new registered agent and/or the ne		
Name of New Registered Agent MARIELA PENA		
Name of New Registered Agent	8620 NW 64TH ST SUIT	ΓΕ 12
	(Florida si	treet address)
New Registered Office Address:	MIAMI	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regis	tered 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	TITO PENA	8620 NW 64TH ST SUITE 12
X Add			MIAMI, FL 33166
Remove			
2) Change			
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
	
,,	
	
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)	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	NE 9, 2017	
meente date <u>ir appreasie</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements epartment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amer ufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	."	
-, <u></u>	(voting group)	
☐ The amendment(s) was/were adaction was not required.	lopted by the hoard of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were adaction was not required.	lopted by the incorporators without shareholder action and shareh	older
JUNE 9, 2 Dated Signature	2017	
(By a. select	director, president or other officer – if directors or officers have need, by an incorporator if in the hands of a receiver, trustee, or officed fiduciary by that fiduciary)	
	TITO PENA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	