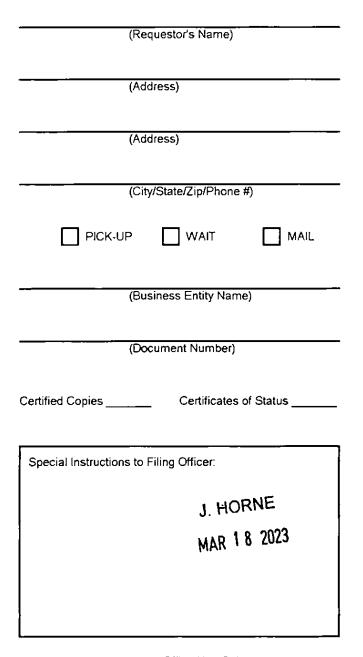
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Office Use Only



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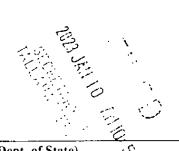
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: 4IT, INC.		
	MBER: P03000041440		<u> </u>
	es of Amendment and fee are su	bmitted for filing.	
Please return all con	respondence concerning this ma	tter to the following:	
	Raymond Mobayed		
		Name of Contact Persor	1
	4IT, INC.		
		Firm/ Company	
	12595 S.W. 137TH AVENU	• •	
	.	Address	
	MIAMI, FL 33186		
		City/ State and Zip Code	
	CONTROLLER@4IT-INC.C		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, pleas	se call:	
Mariela Fuentes		at (278-7100
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



4IT. INC.

Check if applicable

[] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(<u>Name o</u>	t Corporation as currently	med with the rioria	a Dept. of State)	80
P03000041440				
	(Document Number of	Corporation (if known	1)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporu	tion adopts the follow	ving amendment(s) to
A. If amending name, enter the new na	ime of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	$Corp_i$ " "Inc," or " Co ". A	ompany," or "incorpor professional corpora	rated" or the abbrevio tion name must con	ation "Corp.,"
B. Enter new principal office address,	if applicable:			
(Principal office address <u>MUST BE A.S.</u>				
				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
D. If amending the registered agent an			he name of the	
new registered agent and/or the new	v registered office address	<u>1</u>		
Name of New Registered Agent	Raymond Mobayed			
	(Florida str	eet address)		
New Registered Office Address:			. Florida	
New Registered Office Address.		(City)		(ip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	i	innatura (Caba sanatri	
I hereby accept the appointment as regist	ered agem. Tam familiar v	with and accept the obt	igations of the positio	n.
	Signature of New R	egistered Agent, if chai	nging	
		/		

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 PT John Doc X Remove V Mike Jones \underline{X} Add SVSally Smith Type of Action Address <u>Title</u> <u>Name</u> (Check One) 12595 S.W. 137 AVENUE Alexander A. Freund 1) ____ Change **SUITE #301** ___ Add MIAMI, FL 33186 Remove VP12595 S.W. 137 AVENUE Raymond Mobayed _ Change SUTTE #301 ____ Add MIAMI, FL 33186 ____ Remove Raymond Mobayed 12595 S.W. 137 AVENUE 3) ____ Change **SUITE #301** _ Add MIAMI, FL 33186 Remove VPVladimir Peguero 12595 S.W. 137 AVENUE 4) ____ Change SUITE #301 __ Add MIAMI, FL 33186 ____ Remove 5) ____ Change ____ Add Remove Change ___ Add ____ Remove

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·····	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	numera i not contained in the amendment usen.
 	

•

. .

date this document was signed.
Uffertive data if applicable.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
Dated 12-2192
Signature(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Raymond Mobayed
(Typed or printed name of person signing)
President

(Title of person signing)