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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: INTERCONTINE	NTAL LAW FIRM, P.A.				
DOCUMENT NUMBER: P06000070555					
The enclosed Articles of Amendment and fee are sui	bmitted for filing.				
Please return all correspondence concerning this mat	tter to the following:				
LORRAINE E. PEREZ					
	Name of Contact Person				
INTERCONTINENTAL LA	INTERCONTINENTAL LAW FIRM, P.A.				
	Firm/ Company				
3905 NW 107TH AVE. SUIT	TE 303				
	Address				
DORAL, FL 33178					
	City/ State and Zip Code				
LPEREZ@INTERCONTLAW.CO	М				
	ed for future annual report notification)				
For further information concerning this matter, pleas	e call:				
LORRAINE E. PEREZ	at (305 444-1272				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made p	payable to the Florida Department of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (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

ENLED SECRETARY OF STATE DIVISION OF CORPORATION

INTERCONTINENTAL LAW FIRM, P.A.

2016 AUG 25 AM 10: 49

		·
(Name o	f Corporation as curren	tly filed with the Florida Dept. of State)
06000070555		
	(Document Number	of Corporation (if known)
ursuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new na	me of the corporation:	
		The new
	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
. Enter new principal office address,	if annlicable:	3905 NW 107TH AVE. SUITE 303
Principal office address <u>MUST BE A ST</u>		DORAL, FL 33178
. Enter new mailing address, if appli	cable	
(Mailing address MAY BE A POST (P. O. BOX 228654
		DORAL, FL 33222
. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	LORRAINE E. PEREZ	
Trume of them registered arem		
Nume of New Registered Agent	3905 NW 107TH AVE.	SUITE 303
<u> Mume of New Neglotered Agent</u>		SUITE 303 street address)
New Registered Office Address:		

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 <math>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>	Name	Address
1) x Change	PTS	LORRAINE E. PEREZ	3905 NW 107TH AVE. SUITE 303
Add			DORAL, FL 33178
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancella provisions for implementing the amendment if not contained in the an (if not applicable, indicate N/A)	
<u>provisions for implementing the amendment if not contained in the an</u>	
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<u>provisions for implementing the amendment if not contained in the an</u>	
f an amendment provides for an exchange, reclassification, or cancella provisions for implementing the amendment if not contained in the an (if not applicable, indicate N/A)	
	ntion of issued shares, nendment itself:

The date of each amendment(s) adoption:	if other than the
date this document was signed.	COUTADY BE SIGN
Effective date if applicable:	HVISION OF CORFORATION
	after amendment file date) 2016 AUG 25 AM 10: 49
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	per of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through v must be separately provided for each voting group entitled to vote so	
"The number of votes cast for the amendment(s) was/were suff	icient for approval
by	
by(voting group)	
☐ The amendment(s) was/were adopted by the board of directors witho action was not required.	ut shareholder action and shareholder
Dated Signature (Byadirector, president or other officer – i selected, by an incorporator without shadow action was not required.	f directors or officers have not been
appointed fiduciary by that fiduciary)	
LORRAINE E. PEREZ	
(Typed or printed name	of person signing)
PRESIDENT	
(Title of per	son signing)