# P00000150140

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TALLAHASSEE, FLORIDA

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10/5/09

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION: INTI STO	NE & TELEMARKETING S	SERVICES INC
DOCUMENT NU	MBER:	P06000150140	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		MANDO P TIPACTI	
	N	lame of Contact Person	
	ARI	MANDO P TIPACTI	
		Firm/ Company	
	17011	N BAY ROAD STE 102	
		Address	
		SLES BEACH, FL. 33160	
	С	ity/ State and Zip Code	·
_	ARTIPA E-mail address: (to be use	ACTI@AOL.COM d for future annual report notification)	
For further information	ation concerning this matter,	please call:	
JOF	RGE M VILLARAN	at (305)5	86-9105
Name	of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a chec	k for the following amount m	nade payable to the Florida Depar	tment 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)
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 Circ	le

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 21, 2009

ARMANDO TIPACTI INTI STONE & TELEMAEKETING SERVICES INC 17011 NORTH BAY ROAD #102 SUNNY ISLES BEACH, FL 33160

SUBJECT: INTI STONE & TELEMARKETING SERVICES INC.

Ref. Number: P06000150140

We have received your document for INTI STONE & TELEMARKETING SERVICES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 809A00030932

Amendment to the Articles of Incorporation (ATTack)

REGELVES
2009 OCT -2 AM.8: 00
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

#### Articles of Amendment to Articles of Incorporation of

### INTI STONE & TELEMARKETING SERVICES INC

(Name of Corporation as co		···		
	O600015014		, <b></b>	
(Document )	Number of Corpora	ation (if known)		
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		tutes, this <i>Florid</i>	a Profit Corporatio	on adopts the following
A. If amending name, enter the new nam	e of the corporat	ion:		
	NTI STONE IN			The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "	Corp, " "Inc, " or	r "Co". A profess	ional corporation
B. Enter new principal office address, if	applicable:	N/A		
(Principal office address <u>MUST BE A STR</u>	REET ADDRESS	)		OS CERTIFICATION
				ci 器
				2 SERY
C. Enter new mailing address, if applica				SECRETARY OF FLORIDA SECRETARY OF FLORIDA O9 OCT -2 AM 8: 51
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	<u>N/A</u>		FLORIDA M 8: 51
		· · · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent and/	or registered offic	ce address in Flo	orida, enter the na	me of the
new registered agent and/or the new r	egistered office a	ddress:		
Name of New Registered Agent;	N/A			
	N/A			
New Registered Office Address:	(Flo	orida street addre	ess)	
	N/A		, Florida	N/A
	(Cit)	y)	(Zip Code)	<del> </del>
New Registered Agent's Signature, if cha	nging Registered	Agent:		
I hereby accept the appointment as registered			ccept the obligation	is of the position.
•	Signature of Ne	ew Registered Age	ent, 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)

/A		☐ Add☐ Remove
/A		
I/A		
r implementing the amendment		
	r adding additional Articles, enternal sheets, if necessary). (Be specified by the sheets) of the sheets of the sh	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)  ment provides for an exchange, reclassification, or cancell r implementing the amendment if not contained in the an

The date of each amendmen	it(s) adoption: 09/25/2009
Effective date <u>if applicable</u> :	(date of adoption is required)
in apparation.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_09-2	29-2009
Signature _	ATT
(B	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	ARMANDO P TIPACTI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)