## P08 0000 67184

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(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Intermedia Touch	n, Inc.		
DOCUMENT NUMB	ER: P08000067184			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
;	Zachariah Evangelista			
		Name of Contact Person	1	
:	Ser & Associates, PLLC			
		Firm/ Company		
-	2100 Ponce De Leon Boul	evard, Suite 1180		
	Address			
(	Coral Gables, Florida 3313	34 		
		City/ State and Zip Code	e	
ı	nfo@ser-associates.com			
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, plea	se cail:		
Zachariah Evangelist	a	305	222-7282	
Name o	f Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co	Address Unent Section On of Corporations Entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment

to
Articles of Incorporation
of

5 -		,	<b>.</b>	_	
L	٠.	13	511	2:	2.5

Intermedia Touch, Inc.	
( <u>Name</u> P08000067184	of Corporation as currently filed with the Florida Dept. of State)
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new r	name of the corporation:
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association, B. Enter new principal office address (Principal office address MUST BE A.	, if applicable:
r incipal office address MUST BE AS	STREET ADDRESS )
new registered agent and/or the ne	nd/or registered office address in Florida, enter the name of the
Name of New Registered Agent	
	2100 Ponce De Leon Boulevard, Suite 1180
New Registered Office Address:	(Florida street address) Coral Gables 33134
	(City) Florida (Zip Code)
New Registered Agent's Signature, if c hereby accept the appointment as regist	(Lap Code)

Check if applicable

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

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	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u> </u>	Oswaldo Barrinat	9218 SW 170th Place
Add			Miami, Florida 33196
X Remove			
2) Change	<u>s</u>	Osmany Barrinat	5600 Collins Avenue
Add			Apt 6S
X Remove 3) X Change	PT	Cristina Miller	Miami Beach, Florida 33140
S / Change			2600 NW 75th Avenue
Add			Suite 200
Remove			Miami, Florida 33122
4) X Change	vs 	Henry Miller	2600 NW 75th Avenue
Add			Suite 200
Remove			Miami, Florida 33122
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, revisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/4)		(Be specific)
an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
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The date of each amendment(s	5/29/2020 ) adoption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and	i shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
Dated	6/9/2020	
Signature		
(By	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	_
	Cristina Miller	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	