## P09000031897

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## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_ P090000 31897 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: INTRAD EU "CORP" 6595 NW 36 ST # C105 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BETSY OSCINO at (786) 283-1031

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: X \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & \_ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address Street Address

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building

2061 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) PO90000 3/897
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

				Wasamana	The new
name must be distinguishable and contain Subbreviation "Corp.," "Inc.," or Co.," or s Subaname must contain the word "chartered," "p	the designation "C	orp," "Inc," or	"Co". A ,	professional	corporation
3. Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>	pplicable: EET ADDRESS)	6595 # C			7
	,	MIAMI.	FL 33	166	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6595	NO	36 ST	r #c10
		MIAMI	FC	33165	
D. If amending the registered agent and/o new registered agent and/or the new re			da, enter	the name of	the
Name of New Registered Agent:		05 PIN			_
New Registered Office Address:	6595 (Flori	NW 36 da street address	<u>97</u>	# C105	7
,	MIAM		, ]	Florida 3	166

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

Title	Name	Address.	Type of Action
<u>P</u>	CONLUP D NAUE	9270 NW 11476 DORAL, FL 33178	Add Remove
<u>_P</u>	BETSY OSPINO	6595 NW 365 # C105 HIAMI, F- 3316	Add  Remove
			☐ Add ☐ Remove
	nending or adding additional Articles, enter In additional sheets, if necessary). (Be spec		
			1
prov	i amendment provides for an exchange, recisions for implementing the amendment if if not applicable, indicate NA)	lassification, or cancellation of not contained in the amendmen	issued shares, t itself:
		·	
<del></del>			

The date of each amendment(s	) adoption: /2/01/09
•	12/01/09
Effective date if applicable:	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	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 ca	ast for the amendment(s) was/were sufficient for approval
by	11
	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	2/16/10
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	EDGAL O RODUGUEZ  (Typed or printed name of person signing)
	(1 yped or printed name of person signing)
	UICE- PLESIDENT
	(Title of person signing)