P10000052133

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 2.4 2012
T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Internationa	l Technology and	Human Capital Inc
DOCUMENT NUMB	ER: P1000005213	3	
	of Amendment and fee are su		
Please return all corresp	pondence concerning this ma	tter to the following:	
_	os	SVALDO MARTI	NEZ
-	O&J PROF	Name of Contact Person	
-		Firm/ Company	
	7	82 NW 42 AVE i	# 2
_		Address	
		MIAMI FL 33126	3
<u>-</u>	. .	City/ State and Zip Code	e
	OSVALDOE	MARTINEZ@AG	OL COM
		sed for future annual report	
For further information	concerning this matter, pleas	se call:	
OSVALD	O MARTINEZ	at (305	446-4006
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	□\$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			Address
Amendment Section Division of Corporations			lment Section on of Corporations
	Box 6327		Building
Tallahassee FL 22314			Evecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

International Technology and	Human Capital Inc
· (Name of Corporation as currently filed with the I	Florida Dept. of State)
P0000052133	3
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	1
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	8227 NW 66 ST
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami Fl 33166
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8227 NW 66 ST
	Miami Fl 33166
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
(City,	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

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

SECRETARY OF STATE

Signature of New Registered Agent, if changing

Page 1 of 4

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a	nd
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)	Title	<u>Name</u>	<u>Addres</u> s
l) Change Add Remove	 		
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

C. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
	•	
	· · · · · · · · · · · · · · · · · · ·	
. <u>If</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:	
<u>ħ</u>	(if not applicable, indicate N/A)	

The date of each amendment	t(s) adoption: U5/U9/2U12
Effective date <u>if applicable</u> :	05/09/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
Adoption of Amendment(s)	(CHECK ONL)
☐ The amendment(s) was/wet by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
_{Dated} 05/	09/2012
Signature	aprile hodages
se	By a director, president or other officer - it directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court populated fiduciary by that fiduciary)
	Aquiles Rodriguez
	(Typed or printed name of person signing)
	President
	(Title of person signing)