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# COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: INTERNATIONA	L TECHNOLOGY AND I	IUMAN CAPITAL INC	
DOCUMENT NUMB	ER: P10000052133			
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	(	Osvaldo Martinez		
•	Name of Contact Person			
	Inc			
•		Firm/ Company		
		782 NW 42 Ave Ste 433		
•		Address		
		Miami Fl 33126		
-		City/ State and Zip Cod	e	
		Osvaldoemartinez@ac	ol.com	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Osvaldo Martinez		at ( 305	446-4006	
Name o	f Contact Person	Area Co	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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno	Address Iment Section on of Corporations	
		Clifton	Building	
		2661 Executive Center Circle		

Tallahassee, FL 32301

# **Articles of Amendment**

## Articles of Incorporation

### INTERNATIONAL TECHNOLOGY AND HUMAN CAPITAL INC

(Name (	of Corporation as cur	rently filed with the Florida	Dept. of State)	
(		P10000052133	·	
	(Document Num	ber of Corporation (if known)		
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes	. this Florida Profit Corporat	ion adopts the following	amendment(s) to
A. If amending name, enter the new na	me of the corporatio	on:		
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa  B. Enter new principal office address, (Principal office address MUST BE A S)  C. Enter new mailing address, if applications address MAY BE A POST	ation "Corp," "Inc," fion," or the abbrevia if applicable: TREET ADDRESS )	' or "Co". A professional co	orporation name must co	ontain the
D. If amending the registered agent an new registered agent and/or the ne			e name of the	9EP 28 PH
Name of New Registered Agent	KESMAR ELENA F	RODRIGUEZ MARQUEZ		PH 12: 26
	8390 NW 68 ST			26
	(Flor	ida street address)		
New Registered Office Address:	DORAL		. Florida FL	
The state of the s		(City)	(Zip Co	ode)

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.

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>	<u>Name</u>	<u>Address</u>	
1) Change	S	ANA CAROLINA MARQUEZ	8390 NW 68 ST	
Add			DORAL FL 33166	
Remove				
2) Change				
Add				
Remove				
3)Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) (Re specific)			
Attach dadironal sheets, if necessary).	(De specific)			
			-	
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provisions for implementing the amo	nange, reclassificatio	n, or cancellation of ned in the amendme	issued shares, nt itself:	
f an amendment provides for an exc provisions for implementing the amo (if not applicable, indicate N/A)	nange, reclassificatio indment if not contai	n, or cancellation of ined in the amendme	issued shares, nt itself:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemust be separately provided for each voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	г
09/25/2015 Dated	
Signature Kesun Elean Rodriaver H	Anguez
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
KESMAR ELENA RODRIGUEZ MARQUEZ	
(Typed or printed name of person signing)	White Provinces Address Advantages
VP	
(Title of person signing)	