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COVER LETTER

TO: Amendment Section Division of Corporations

Please return all correspondence concerning this matter to the following: MICHAEL C. KOERNER Name of Contact Person INTEGRAL TECHNOLOGY CONSULTING, INC Firm/ Company 150 EAST 35TH STREET Address HIALEAH, FL 33013 City/ State and Zip Code ITOFFICETEK@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
INTEGRAL TECHNOLOGY CONSULTING, INC Firm/ Company 150 EAST 35TH STREET Address HIALEAH, FL 33013 City/ State and Zip Code ITOFFICETEK@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
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For further information concerning this matter, please call:	
MICHAEL O KOEDNED 205 470 4055	
MICHAEL C. KOERNER $at (305)$ 479-4955	
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:	
\$35 Filing Fee \$\bigsiz \\$43.75 Filing Fee &	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

of

INTEGRAL TECHNOLOGY CONSULTING, INC . (Name of Corporation as currently filed with the Florida Dept. of State)

P11000044037 (Document Number of Corporation (if known)

e corporation:		
signation "Ĉorp," "Inc,	"company," or "incorporated" o " or "Co". A professional corpo	
ble: DDRESS)		
	Florida, enter the name of the	SECRETARY OF CORPORE
(Florida street ac	ddress)	
	, Florida	_
(City)	(Zip Code)	
	signation "Corp," "Inc, ional association," or included ble: DDRESS) BOX) stered office address in ed office address:	BOX) stered office address in Florida, enter the name of the

Signature of New Registered Agent, 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	MICHAEL C. KOERNER	150 EAST 35TH STREET HIALEAH, FL 33013	
			
(anach da	lditional sheets, if necessary). (Be spe	etjie)	
provisio (if no	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)		
ARTICLE			
1000 SH C	OF STOCK		

The date of each amendmen	t(s) adoption: 06	S/17/2011
Effective date <u>if applicable</u> :	06/17/2011	(date of adoption is required)
	(no more than 9	90 days after amendment file date)
Adoption of Amendment(s)	(<u>CF</u>	IECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statemeng group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amer	ndment(s) was/were sufficient for approval
by		,,
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the	e board of directors without shareholder action and shareholder
✓ The amendment(s) was/we action was not required.	ere adopted by the	e incorporators without shareholder action and shareholder
Dated_06/1	7/2011	d [/
Signature	Mihal	(* X01411VV
(By		dent or other officer – if directors or officers have not been
		porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		MICHAEL KOERNER
	(Ту	ped or printed name of person signing)
		PRESIDENT
	(Title o	of person signing)