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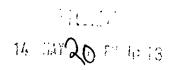
## **COVER LETTER**

TO: Amendment Section
Division of Corporations

....

1214 (Mon of Corporations		
NAME OF CORPORATION: XTRINITY	NETWORK,	INC.
DOCUMENT NUMBER: P120000757		
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
WANDA RODF	RIGUEZ	
XTRINITY NET	Name of Contact Person	
2824 MICHIGA	Firm/ Company  N AVE SUITE	Ē A
KISSIMMEE, F	Address	
	City/ State and Zip Code	:
XTRINITYNETWO		
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
WANDA RODRIGUEZ	at (407	802-7809
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$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	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building executive Center Circle assee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of



## XTRINITY NETWORK, INC.

(Name of Corporation as currently filed with the Florida Dept. of State). L. A. L. P12000075750 (Document Number of Corporation (if known)

dment(s) to

Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adop	ts the following amendme
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name	of the
Name of New Registered Agent		·
(Florida street	address)	
New Registered Office Address: (City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations o	f the position.
Signature of New Registered Ag	ent, 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)

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 Do	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	s		FELIX N. MORALES	8212 PRESTBURY DR.
Add				ORLANDO, FL 32832
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		<del></del>		
Remove				
KOMOVC				

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	<del></del>
	<del></del>
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.  Effective date if applicable: MAY 15, 2014	
Effective date if applicable: [MAY 15, 2014]  (no more than 90 days after amendment file date)	- <del></del>
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"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 shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated MAY 13, 2014	
Signature Wart Robiguez	
(By a director, president or other officer - if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
WANDA RODRIGUEZ	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	