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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

INTEGRATED BANKRUPTCY INC. NAME OF CORPORATION: P13000012066 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RACHEL RONCO Name of Contact Person INTEGRATED BANKRUPTCY INC. Firm/ Company 424 EAST CENTRAL BOULEVARD #275 Address ORLANDO, FL 32801 City/ State and Zip Code DATACETTE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RACHEL RONCO 573-7325 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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of INTEGRATED BANKRUPTCY INC. 15 NGV 12 PX 4: 47

(<u>Name c</u>	f Corporation ascurrer	tly filed with th	ne Florida Dept. of State)
	P1300	0012066	, Malantin Cara, Carana
	(Document Number	of Corporation ((if known)
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit	t Corporation adopts the following amendment(
. If amending name, enter the new na	me of the corporation:		
	DATACETTE COMPA	ANY	The new
	ation "Corp," "Inc," or	"Co". A profe	y," or "incorporated" or the abbreviation essional corporation name must contain the
B. Enter new principal office address, i Principal office address MUST BE A S		N/A	
	,	_	
			
C. Enter new mailing address, if appli- (Mailing address MAY BE A POST (N/A	
. If amending the registered agent an			a, enter the name of the
new registered agent and/or the new		<u>585</u>	
Name of New Registered Agent	N/A	<u></u>	
	(Florida	street address)	
	N/A	ar oa adaressj	
New Registered Office Address	1021	(City)	, Florida (<i>Zip Code</i>)
		(0/13)	(2) 3300)
New Registered Agent's Signature, if cl	nanging Registered Agei	nt:	
hereby accept the appointment as regist			ot the obligations of the position.

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)

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. Cur: ently 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	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) N/A Change	N/A		N/A	N/A
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				-
4) Change				·
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

(Attach <i>additional sheets, if necessary).</i> A	(Be specific)
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If an amendment provides for an exch	range, reclassification, or cancellation of issued shares
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares Indiment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	, it other than th
1st day of November, 2015	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	ate 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 cast for the amendment(by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	pent
"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 	ег
action was not required.	
DatedSignature	
(By a director, president by other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other cou	rt
appointed fiduciary by that fiduciary)	
Rachel Ronco	
(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
President	
(Title of person signing)	