P13000031608

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: INTERMAS NET	S USA INC.
DOCUMENT NUMBER: P13000031608	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
· .	Jose Maria Lopetegui Larruscain
	Name of Contact Person
	INTERMAS NETS USA INC.
	Firm/ Company
	2655 LEJEUNE RD, SUITE 810
	Address
	CORAL GABLES, FL 33134
	City/ State and Zip Code
	tlopetegui@intermasgroup.com
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, please	se call:
Jose Maria Lopetegui Larruscain	at (305 442-1416
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 & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

2016 DEC 21 AM 11: 35

INTERMAS NETS LISA INC

	INTERMAS NET	IS USA INC.		
(Name of Corpor	ation as currently	filed with the Florida	Dept. of State)	
•	P13000	031608	•	
(Doc	cument Number of (Corporation (if known)	, . <u></u>	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this F	lorida Profit Corporat	ion adopts the follow	ing amendment
A. If amending name, enter the new name of the	e corporation:			
				The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "C	'o". A professional co	ncorporated" or the proporation name mus	abbreviation
3. <u>Enter new principal office address, if applica</u> Principal office address <u>MUST BE A STREET A</u>	ble: DDRESS)			·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			
D. If amending the registered agent and/or reginew registered agent and/or the new register		ss in Florida, enter th	e name of the	
Name of New Registered Agent			_	
				_
	(Florida stree	et address)		_
New Registered Office Address:			. Florida	
New Registered Office Mauress.	((City)		p Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent:	ith and accept the oblig	pations of the position	t.
петелу иссерт те ирроштет из тедыстей иден	a. I am jamman wi	una accepi ine boug	canona of me posmon	•
•				
-	ignature of New Re	gistered Agent if chan	aina	

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)

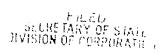
Please note the officer/director title by the first letter of the office title:

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.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	<u> Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VPS	Albert Fort Mauri	2655 LEJEUNE RD, SUITE 810
Add			CORAL GABLES, FL 33134
X Remove			
2) X Change	CFOVP	Jose Maria Lopetegui Larruscain	2655 LEJEUNE RD, SUITE 810
Add			CORAL GABLES, FL 33134
Remove			
3) Change	S	Oscar Perez Ortiz	2655 LEJEUNE RD, SUITE 810
X Add			CORAL GABLES, FL 33134
Remove			
4) Change			
Add		·	
Remove		•	
5) Change			
Add			
Remove			
	•		
6) Change			
Add			
Remove			

(Allaci	ending or adding additional Artic h additional sheets, if necessary).	(Be specific)	si nei e.		
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					<u>-</u>
prov	amendment provides for an exchisions for implementing the amentificate N/A)	ange, reclassificati idment if not conts	on, or cancellation ained in the amend	of issued shares, ment itself:	
-				<u></u>	
				•	
· · · · · ·					



The date of each amendment(s) adoption:	April 7, 2016	2016 DEC 21	AM 11: 3,5 other than th
date this document was signed.			-, 41 Other than th
Effective date if applicable:			
	(no more than 90 day	vs after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departmen		statutory filing requirements, this	s date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient to		aber of votes cast for the amendment	ent(s)
☐ The amendment(s) was/were approved by must be separately provided for each vo.			ement
"The number of votes cast for the a	* *		
by	(voting group)		
	(voting group)		•
The amendment(s) was/were adopted by action was not required.	the board of directors with	out shareholder action and shareholder	older
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without s	hareholder action and shareholder	
Dated /2 - / 4 -	2016	_	•
	1		
Signature	And The second	if directors or officers have not be	
		ds of a receiver, trustee, or other of	
	ciary by that fiduciary)	, , , , , , , , , , , , , , , , , , , ,	
	Jose Maria Lope	etegui Larruscain	
-	(Typed or printed name	of person signing)	
	Chief Fina	ncial Officer	
	(Title of pe	rson signing)	