# P13000031608

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
	OFC SOME	

Office Use Only



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2022 NOV 31 AH 8: 40

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/01/2022	
	Merritt Walker	_
	1841499	_
	INTERMAS	NETS USA INC.
	s of Incorporation/Authorization	
✓ Amen	dment	
☐ Chang	ge of Agent	
Reinst	tatement	
☐ Conve	ersion	
☐ Merge	er –	
☐ Dissol	ution/Withdrawal	
☐ Fictition	ous Name	
✓ Other	CERTIFIED COP	Y OF THE FILING EVIDENCE
Authorized A	mount: <b>\$43.75</b>	
Signature:	mw	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/01/2022		
	Merritt W	/alker	_
	#: <b>184</b>		_
Entity Nam	e:	INTERMAS	NETS USA INC.
			to Transact Business
<b>√</b> Ame	endment		
☐ Cha	nge of Agent		
☐ Reir	nstatement		
☐ Con	version		
☐ Mer	ger		
Diss	solution/Withdrawa	al	
☐ Ficti	itious Name		
<b>✓</b> Oth	er	CERTIFIED COP	Y OF THE FILING EVIDENCE
Authorized	Amount:	\$43.75	
Signature:		mw	

+44 (0)20.3961.3080

Tallahassee, FL 32314

# **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: INTERMAS NET	S USA INC.	
DOCUMENT NUM	BER: P13000031608		·····
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JORDI PURSALS MARCO		
		Name of Contact Person	1
	INTERMAS NETS USA INC	С.	
		 Firm/ Company	<del></del>
	2655 LEJEUNE RD, SUITE	• •	
		Address	<del></del>
	CORAL GABLES, FL 3313	1	
		City/ State and Zip Code	2
	on concerning this matter, plea	sed for future annual report	,
JORDI PURSALS M		at (	)de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.G	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co	Address ment Section of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of

#### INTERMAS NETS USA INC.

# 103 1/1 O 10 (Name of Corporation as currently filed with the Florida Dept. of State) P13000031608 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

## Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT John I	<del>Doc</del>	
X Remove	<u>V</u> <u>Mike J</u>	lones	
X Add	<u>SV</u> <u>Sally S</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	MOUCHET, FRANCOIS	C/O 2655 LEJEUNE RD
Add	<del></del> .		SUITE 810
X Remove			CORAL GABLES, FL 33134
2) Change	CFOVP	LOPETEGUI LARRUSCAIN, JOSE	2655 LEJEUNE RD
Add			SUITE 810
X Remove	S	PEREZ ORTIZ, OSCAR	CORAL GABLES, FL 33134
3) Change	<del>-</del>		2655 LEJEUNE RD SUITE 810
Add X			CORAL GABLES, FL 33134
Remove 4) Change	D	JORDI PURSALS MARCO	2655 LEJEUNE RD
X Add			SUITE 810
Remove			CORAL GABLES, FL 33134
Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additiona	u sneets, ij ne	vessary). (Be	e specific)				
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an amendme	<u>nt provides ic</u> implementin	or an exchang g the amendm	<u>e, reclassifica</u>	tion, or cance	nation of issi	itealf:	
<u> Frovisions for</u> Cifact con	licable, indica	<u>g the amenum</u> ao M/A)	ient ii not con	tamed in the	amendment	itseii.	
(ij nin app	ieume, maicu	16 10.11					
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		<u>.</u>					
					-	_	
						_	_

The date of each amendment(s late this document was signed.	) adoption:	, if other than the
Effective date <u>if applicable</u> : _		fter amendment file date)
	(no more than 90 days o	fter amendment file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable start. Department of State's records.	ntutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board o	directors without shareholder action and shareholder
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number sufficient for approval.	er of votes cast for the amendment(s)
	approved by the shareholders through vo for each voting group entitled to vote sep	
"The number of votes of	east for the amendment(s) was/were suffic	ient for approval
by		"
	(voting group)	
25/11/2	022	
Dated		
Signature	Jordi Pursals Marco	
(By selo	a director, president or other officer – if ected, by an incorporator – if in the hands ointed fiduciary by that fiduciary)	
	JORDI PURSALS MARCO	
	(Typed or printed name o	person signing)
	DIRECTOR	
	(Title of person signing)	

Tallahassee, FL 32314

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: INTERMAS NETS	USA INC.		
DOCUMENT NUM	BER: P13000031608			
	of Amendment and fee are sub	omitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	JORDI PURSALS MARCO			
		Name of Contact Person		
	INTERMAS NETS USA INC	•		
		Firm/ Company		
	2655 LEJEUNE RD. SUITE	• •		
		Address	·	
	CORAL GABLES, FL 33134			
		City/ State and Zip Code	<del></del>	
		'		
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	on concerning this matter, pleas	e call:		
JORDI PURSALS M	IARCO			
Name of Contact Person		at (	_)	
Name	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made p	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address		Address	
	endment Section		ment Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303