## P13000039464

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Inti Homes, Inc. DOCUMENT NUMBER: P13000039464 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Veronica Conde Name of Contact Person Inti Homes, Inc. Firm/ Company 16809 Blenheim Drive Address Lutz, FL 33549 City/ State and Zip Code CondeEngineering@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Veronica Conde at (813 ) 434-6379

Area Code & Daytime Telephone Number Name of Contact Person 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** 

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

	of	
Inti Homes, Inc.		
(Name of Corporation as curre	ently filed with the Florida Dept. of State	<u> </u>
P13000039464		2
(Document Number	r of Corporation (if known)	
tursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation adopts the f	following amendmen
. If amending name, enter the new name of the corporation:		
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.,	4 professional cornaration name much	The new previation "Corp.," contain the word
3. Enter new principal office address, if applicable:	16809 Blenheim Drive	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Lutz, FL 33549	21
		210
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16809 Blenheim Drive	1-1
	Lutz. FL 33549	PH 12: 2
		2: 2
. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	dress in Florida, enter the name of the	<del> </del>
Name of New Registered Agent		
(Florida :	street address)	<del></del>
New Registered Office Address:	(City), Florida_	
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Ager hereby accept the appointment as registered agent. I am familian	<u>ıt:</u>	

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. 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	DP	Pedro E. Conde	16809 Blenheim Drive
Add			Lutz, FL 33549
Remove			
2) X Change	<u></u>		
Add			
Remove 3) Change			
Add			
Remove			
4) Change	-	-	
Add			- <u>-</u>
Remove			
5) Change	· <del>-</del>		
Add			
Remove			
6) Change			
Add			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	, V
· · · · · · · · · · · · · · · · · · ·	
_	
I an amendment provides for an exchange	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate $N/A$ )	nument if not contained in the amendment usen:
,	
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08/09/2021  The date of each amendment(s) adoption:
08/09/2021 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 date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
Dated 9-30-2021 Signature Course Covole
Signature Course Course
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
Vice - President