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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	INTERN	ATIONAL TIRE	GROUP INC.	
DOCUMENT NUMBER:			13	
The enclosed Articles of Amend	dment and fee are s	ubmitted for filing.		
Please return all correspondenc	e concerning this ma	atter to the following:		
	_			
	ANNA	Name of Contact Perso		
T	NOTE:			
1	MIERNATIO	WAL TIRE GR	ROUP INC.	
		Firm/ Company		
	607 3	PINE AVE		
	244	Address		
	O CALI	4 FL 3447		
		City/ State and Zip Cod	le ·	
E-m	ail address: (to be u	sed for future annual report	notification)	
For further information concern	ing this matter, plea	se call:		
ANAS ZA			1 764 -0888	
Name of Contac	l Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follo	wing amount made	payable to the Florida Depa	artment of State:	
¥ \$35 Filing Fee □\$4	2.75 Eitigg Eng P	Dealer e	□¢50.50.50.	
23 555 rung ree	ertificate of Status	☐\$43.75 Filing Fee & Certified Copy	□\$52.50 Filing Fee Certificate of Status	
		(Additional copy is	Certified Copy	
		enclosed)	(Additional Copy	
			is enclosed)	
Mailing Add			Address	
Amendment Section Division of Corporations			Amendment Section	
P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314			xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

IN TERNATIONAL TIRE GROV (Name of Corporation as curre		Dept. of State)
P 150000 4 3 4 9 3	r of Corporation (if known)	
	·	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis <i>Florida Profit Corpora</i> d	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of word "chartered," "professional association," or the abbreviation	r "Co". A professional c	ncorporated" or the abbreviation orporation name must contain the
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 as new registered agent and/or the new registered office addr		ne name of the
	· · · · · ·	
Name of New Registered Agent		·
(r toriau	street address)	
New Registered Office Address:	(City)	Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent. I am familia		gations 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. 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 Doc		
X Remove	V Mike Jones	•	
X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s	
1) Change	P ALI AL	- ABDALLY 3812 N	MOUNT VERNON WA
Add		KISSIMME	E FL34741
Remove			.
2) Change	VP ALIZZI	NADIA 38/2 MO	UNT VERNON WAY
Add		KISSIMME	E, FL34741
X Remove		4	
3) Change			
Add		·	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)		
		<u> </u>	
			
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	_		
f an amendment provides for an exch	ance reclassification or can	cellation of issued shares	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the	e amendment itself:	
(y noi applicable, indicate (VA)		•	
			
			
		 	-
		,	

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date <u>if applicable</u> :	
Effective date <u>if applicable</u> : (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 document's effective date on the Department of State's records.	will not be listed as
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 Oct 21, 2019	
Signature (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)	
PRESIDENT	
(Title of person signing)	

the

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