P/5000045733

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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations INTIMAR TRADE CORPORATION NAME OF CORPORATION: P15000045733 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARITZA CORONA Name of Contact Person CORONA CONSULTING GROUP CO. INC Firm/ Company 2645 EXECUTIVE PARK DR SUITE 133 Address WESTON FL 33331 City/ State and Zip Code maritza@corona-consulting.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARITZA CORONA at (954 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** 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

FILEU
28% JUN-9 PM 2: 00

INTIMAR TRADE CORPORATION

1

(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)	
P15000045733			*13
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the ab "Co". A professional corporation name must c "P.A."	bbreviation
R Enter new principal office address	Enter new principal office address, if applicable:		
(Principal office address MUST BE A S			
			······································
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
.			
D. If amending the registered agent an new registered agent and/or the new			
	N/A		
Name of New Registered Agent			,
	(Florida	treet address)	
New Registered Office Address:		(City) Florida (Zip C	lode)
			,
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	ered agent. I am familia	with and accept 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. 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	FELIPE ACOSTA	2645 EXECUTIVE PARK DR
X Add			STE 133
Remove			WESTON FL 33331
2) X Change	VP	MARIA I. SALVATIERRA	2645 EXECUTIVE PARK DR
Add			STE 133
Remove			WESTON FL 33331
3) X Change	S	INTIMAR TRADING S.A.	KM 1.5 EDIF BUSINESS CENTE
Add		-	TORRE A #111
Remove			GUYAQUIL, ECUADOR
4) Change			·
Add			
Remove			
5) Change			· -
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
A	
	•
<u>If an amendment provides for an exch</u>	ange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amer</u> (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not applicable, malcale ma)	

05/27/2015	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than W) days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	Il 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(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 east 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.	
05/27/2015 Dated	
Signature Felipse Acostal	
(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 (iduciary by that (iduciary)	
Telipe Acosta (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	