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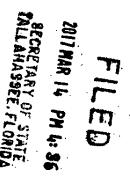
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COVER LETTER

NAME OF CORPORATION:

Intl Merchant Processing Co Inc

DOCUMENT NUMBER: P16000010913

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Chimenti

Name of Contact Person

JC Marketing & Accounting Inc

Firm/ Company

4630 S Kirkman Rd #806

Address

Orlando, F1 32811

City/ State and Zip Code

endwwa@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J Chimeti at (407-) 925-5954

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

TO: Amendment Section

Division of Corporations

□\$43.75 Filing Fee & Certified Copy (Additional copy is

enclosed)

□\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Inti Merchant Processing Co Inc					
(Name of Corporati	on as currently file	ed with the Florida	Dept. of State	:)	-,, -, -, -, -, -, -, -, -, -, -, -, -,
P16000010913					
(Docum	nent Number of Cor	poration (if known)			
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Flori</i>	ida Profit Corporati	on adopts the	following amen	dment(s) t
A. If amending name, enter the new name of the co	orporation:				
				מיני	
name must be distinguishable and contain the work "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co".	A professional con		r the abbrevia	
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADD</u>					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>			2017 MAR ILL SECRETARY TALLAMASSE	
D. If amending the registered agent and/or register new registered agent and/or the new registered of		n Florida, enter the	name of the	PH 4: 36	0
Name of New Registered Agent	····				
	(Florida street ad	ldress)			
New Registered Office Address:		<u>,</u>	, Florida_		
	(City)	1		(Zip Code)	•
New Registered Agent's Signature, if changing Regi	istered Agent				•
hereby accept the appointment as registered agent.		and accept the obliga	itions of the po	sition.	
Cimu	ature of Non Booist	ered Agent, if change	ina		
าเราะ	aure of New Regist	ereu Aveni. II Changi	uu Y		

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VPT		Bianca Tilly	2605 Iriquois Dr
Add				Sanford, FI 32773
X Remove				
2) Change		_		
Add		,		
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				·
Remove				

	(Be specific)
1	
	
4.4	
an amendment provides for an excherosistions for implementing the amen	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·	

The date of each amendment(s) add	ption;	, if other than th
date this document was signed.	4	
03/09/	2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more inan 90 days after amenament fite date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dat artment of State's records.	e will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.)
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
· by	n	
	(voting group)	
action was not required.	ted by the board of directors without shareholder action and shareholder ted by the incorporators without shareholder action and shareholder	•
03/08/2017 Dated	——————————————————————————————————————	
(B) a dire selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
Jo	oshua Rodriguez	
	(Typed or printed name of person signing)	
P	res	
	(Title of person signing)	