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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ITSANTE CORP		<u> </u>		
DOCUMENT NUM	P16000046783				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this mat	ter to the following:			
	Radha J Bolivar Angeles				
	110-00	Name of Contact Person	n		
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·		
	453 Lakeview Dr #2				
	Address				
	Weston FL 33326				
		City/ State and Zip Cod	e		
mco	rdero22@yahoo.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	on concerning this matter, pleas	e call:			
Radha Bolivar		954 at (	2978241		
Name	Name of Contact Person Area Code & Daytime Telephone Nun		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ITSANTE CORP				
( <u>Name o</u>	f Corporation as currently	filed with the Florida De	pt. of State)	
P16000046783				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corporation	adopts the following	amendment(s) t
A. If amending name, enter the new na	me of the corporation:			
N/A				The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associate	ution "Corp." "Inc." or "C	o". A professional corpo	porated" or the abi	breviation
B. Enter new principal office address, it (Principal office address <u>MUST BE A ST</u>	f applicable: FREET ADDRESS )	N/A		
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	<i>FFICE BOX</i> ) Nor registered office addre	N/A ss in Florida, enter the na	nme of the	
Name of New Registered Agent	Radha J Bolivar Angeles			
	453 Lakeview Dr Unit 2 Blo	lg 101	_	
	(Florida stree	et address)		
New Registered Office Address:	Weston		_, Florida	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Agent:	City) th and accept the obligatio	ons of the position.	errors
		 gistered Agent, if changing	) E 58	

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>	Address
1) X Change	P	Radha J Bolivar Angeles	453 Lakeview Dr Unit 2 Bldg 101
Add			Weston FL 33326
Remove			
2) X Change	VP	lleana C Oliveros Gil	453 Lakeview Dr Unit 2 Bldg 101
Add			Weston FL 33326
Remove			
3 ) Change			
Add			Market State Commission and Market State Commission Commission Commission Commission Commission Commission Com
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)		
NOT APPLICABLE		
	,,	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
NOT APPLICABLE		

•	06/01/2016	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	OT APPLICABLE	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date v Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
hv	'n	
	(voting group)	
	•	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	6/01/2016	
Signature	Cull I	
(By a	ghrector, president or other officer – if directors or officers have not been	
selea	ied, by an incorporator – if in the hands of a receiver, trustee, or other court	
арро	inted fiduciary by that fiduciary)	
	Radha J Bolivar Angeles	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	