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SERVICE OF THE CONTON

WC R WHITE JUN 1 4 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TALKRAFT MEX	(ICO CORP.			
DOCUMENT NUME	BER: P18000051471				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Alexis Gonzalez				
	·	Name of Contact Person	n		
	AGE RE Services, LLC				
		Firm/ Company			
	3162 Commodore Plaza, Suite 3E				
	Address				
	Coconut Grove, FL 33133				
		City/ State and Zip Cod	e		
alexis	@aglawpa.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Alexis Gonzalez		at (	223-9999		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301		

## Articles of Amendment

to

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Articles of Incorporation

ITALKRAFT MEXICO CORP.

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ITALKRAFT MEXICO CORP.		GETREAL AND MIGHT
(Name of Cor	poration as currently	filed with the Florida Dept. of State)
P18000051471		
(1)	Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, lits Articles of Incorporation:	Florida Statutes, this <i>Fl</i>	Iorida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of	the corporation:	
Italkraft International Corp.		The new
	"Corp," "Inc," or "Co	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if appl	licable:	N/A
(Principal office address <u>MUST BE A STREE)</u>	<u>T ADDRESS</u> )	
		<del></del>
C. Enter new mailing address, if applicable:		N/A
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>CE BOX</u> )	
N 16	ta a consta	
D. If amending the registered agent and/or renew registered agent and/or the new regis		ss in Florida, enter the name of the
N/A		
Name of New Registered Agent		
<del></del> -	(Florida stree	and Invest
	ti torata siree	1 autressy
New Registered Office Address:		Florida
	/(	(Zip Code)
New Registered Office Address:	(0	, Florida
New Registered Agent's Signature, if changin	na Registered Agent:	
I hereby accept the appointment as registered a		th and accept the obligations of the position.
	•	
	Signature of New Res	gistered 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: XChange	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_		,	
Add					<del></del>
Remove					
2)Change		_			
Add					
Remove					
3 ) Change		_			
Add					
Remove					_
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
6) Change Add					
Remove					

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

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
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 da document's effective date on the Department of State's records.	te will 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"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 shareholde action was not required.	г
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
DatedSignature	
(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	<del></del>
appointed fiduciary by that fiduciary)	
Raul Gutierrez	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	