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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: INTTAO CORPO	RATION	
DOCUMENT NUMB	ER: P19000024189		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	DORCAS TROCHE		
•		Name of Contact Person	n
	RCG ACCOUNTING & AS:	SOCIATES, INC.	
		Firm/ Company	
	9000 SHERIDAN STREET,		
	, , , , , , , , , , , , , , , , , , ,	Address	
	PEMBROKE PINES, FL. 33	024	
•		City/ State and Zip Cod	c
DORG	:AS@RCGACCOUNTANT:	S COM	
	•	sed for future annual report	notification)
	is man nacroms, (10 be a	and to turn annual report	,
For further information	concerning this matter, pleas	se call:	
DORCAS TROCHE		954	862-2222
Name of Contact Person		at (954) 862-2222 Area Code & Daytime Telephone Numbe	
Nume	Condict 1 cr3011	, Iren Co	de de Daytine Telephone Pamber
Enclosed is a check for	the following amount made	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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

INTTAO CORPORATION

(Name of Corporation as o	currently filed with the Florida Dept. of State)
P19000024189	
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ntes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ition:
	Thenew
	rporation," "company," or "incorporated" or the abbreviation (c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u></u> 28
	9
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
new registered agent and/or the new registered office	autress.
Name of New Registered Agent	
(F	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	d Agent:
I hereby accept the appointment as registered agent. I am for	
<u> </u>	of New Registered Agent if changing
Nonabre i	ou serv reotsterea atemi il cannonit

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 De	<u>ve</u>	
\underline{X} Remove	V	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Si	mith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Address</u>
1) Change	VP		ENRIQUE GUITART LAGUNA	9000 SHERIDAN STREET
X Add				SUITE 138
Remove				PEMBROKE PINES, FL 33024
2) Change		_		
Add				
Remove				
3) Change			•	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	. (Be specific)			
				
	•			
				<u>-</u>
	-			-
				
 			-	
····				
			 	
				
f an amendment provides for an exc	mange, reclassification,	or cancellation of is	sued shares,	
	ændment if not containe	d in the amendmen	<u>tatself:</u>	
provisions for implementing the am				
provisions for implementing the am (if not applicable, indicate N/A)				
provisions for implementing the am				
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provisions for implementing the am				

	4/17/2019	
The date of each amendment(s)	idoption:	, if other than the
date this document was signed.		
4/1 Effective date <u>if applicable:</u>	7/19	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory fifing requirements, this date pepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amendment(safficient for approval.)
	oproved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cas	it for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	lopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other cour	
	nted fiduciary by that fiduciary)	
	JULIO M. ARRO FRITZLER	
	(Typed or printed name of person signing)	······································
	PRESIDENT	
	(Title of person signing)	