

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : I20200000059 Phone : (954)727-9771 Fax Number : (954)727-9773

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

r1	Address:			
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COR AMND/RESTATE/CORRECT OR O/D RESIGN ITU CORP

Certificate of Status	0
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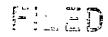
Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Se Division of Co				
NAME OF CORP	ORATION: ITU CORP			
DOCUMENT NUM	MBER: P22000086814	·		
	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	CARLOS LEYVA BERNAL	,		
		Name of Contact Person	1	
		Firm/ Company		
	1265 S PINE ISLAND RD	Address		
		City/ State and Zip Code	ė	
	INFO1@LAMADRIDFINA	NCIAL.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
CARLOS LEYVA BERNAL		at (480-0269	
Nam	e of Contact Person	Area Code & Daytime Telephone Numb		
Enclosed is a check	for 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
A D P.	nendment Section ivision of Corporations O. Box 6327 aliahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite \$10	

Articles of Amendment to Articles of Incorporation of



			2021 EED 4	00 000 0
ITU CORP			ZUZJEB (23 PM 1:26
(Name of Corporati	on as currently filed s	vith the Florida Dept. of	State)	
P22000086814			7Alli.	
(Досид	nent Number of Corpor	ration (if known)		
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida	Profit Corporation adopt	s the following a	mendment(s) to
A. If amending name, enter the new name of the co	orporation:			
			7	he new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	" or "Ca". A profes	o," or "incorporated" or to sional corporation name	he abbreviation	"Corp.,"
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADL</u>				···
		- 		
C. Enter new mailing address, if applicable:	V)			
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>			
		· · · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent and/or register	red office address in F	Torida, enter the name o	of the	
new registered agent and/or the new registered	office address:	1011011(1011111111111111111111111111111		
Name of New Registered Agent				
- China College Colleg	,,,			
	(Florida street addre	<u> </u>		
	,	•		
New Registered Office Address:	(City)	, FIC	orida (Zip Cod	(e)
	1 2		•	
New Registered Agent's Signature, if changing Reg	istered Agent:	ed Allendona of	eka manisian	
hereby accept the appointment as registered agent.	I am familiar with and	accept the obligations of	іпе розіцоп.	
Signo	ature of New Registered	d Ayent, if changing		
Check if applicable				
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☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Example:

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.

X Change	<u> 11</u>	<u>1010: Doe</u>	
X Remove	$\underline{\mathbf{v}}$	M:ke Jones	
X Add	<u>sv</u>	Saliy Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) X Change	S	FEDERICO PALOMBO	2051 RENAISSANCE BLVD
Add			UNIT 301
Remove			MIRAMAR, FL 33025
2) Change	•••	_	
Add			
Remove			
Aċd			· · ·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
 Сhange 			
Add			
Remove			

inach <i>a</i>	dditional shee	g additional Art ts, if necessary).	(Be specific)				
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(Typed or printed name of person signing)

PRÉSIDENT

(Title of person signing)

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