## POUDDBYS

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(Add)	ress)	
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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	RATION: Fatigati Ent BER: P0400003946		ral Florida Inc	
	of Amendment and fee are sul			
Please return all corres	spondence concerning this mat	ter to the following:		
	Brian Fatigati			
•	Name of Contact Person			
		Firm/ Company		
	680 Old Horatio A	Ave		
		Address		
	Maitland, FL 3275	51		
		City/ State and Zip Code	>	
bfa	tigati@cfl.rr.com			
-	• •	ed for future annual report	notification)	
For further information concerning this matter, please call:				
Brian Fatigat	i	at (407	797-5829 de & Daytime Telephone Number	
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301	

FILES

## Articles of Amendment to Articles of Incorporation of

15 APR J AN 3:16 SLONETARY OF STATE TALLAHASSEE, FLORIDA

## Fatigati Enterprises of Central Florida Inc

Taligati Efferprises of Certifal Florida III	
(Name of Corporation as currently filed with the P0400039465	Florida Dept. of State)
(Document Number of Corporation	(if known)
•	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
ARX Payments Inc	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
·	
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 office adenew registered agent and/or the new registered office address	
	<u></u>
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
(City	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	. <u>t:</u>
I hereby accept the appointment as registered agent. I am familian	
Signature of New Registered	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.

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>	<u>Addres</u> s
1) Change		· —	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add Add			· · · · · · · · · · · · · · · · · · ·
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	
	<u> </u>
	·
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
1 - 11-11-11-11-11-11-11-11-11-11-11-11-	

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)	-
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated April 14, 2015	
Signature mu Str	<del></del>
(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 appointed fiduciary by that fiduciary)	
Brian Fatigati	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	-