P130000 382/3

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PICK-UP	☐ WAIT	MAIL		
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COYER LETTER

TO: Amendment Section **Division of Corporations** ECLOUDBIZ, INC. NAME OF CORPORATION: _ P130000 28 213 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PRASAD VEMULAPALLI
Name of Contact Person Firm/Company
6735 Convoy Winders mare Rd.

Address
Orlando, FL 32835

City/State and Zip Code pragad @ ecloud biz. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Prayad Vernulapalli at (407) 284-9351

Area Code & 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 & **△**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment

to
Articles of Incorporation
of

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^ ~	FEB	24	PH	4:	58

ECLOUDBIZ, INC

(Name of Corporation as currently filed with the	Florida Dept. of State
P13000038213	Trongs began a superior of the
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
SAPPOTE, INC	. The new
name must be distinguishable and contain the word "corporal "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 applicables	

D. <u>If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:</u>

Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jos	nes		
X Add	<u>sv</u>	Sally Sm	nith .		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		 ,			•
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_		,	
Add					
Remove					
5) Change	-4-1-1	_			
Add					
Remove					
6) Change		_			
Add					
Remove					

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi applicable, matcale N/A)	

The date of each amendment(s) ac date this document was signed.	loption: JANUARY 1, 2014	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated2	120/14	
Signature	Mendi	
selecte	livector, 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 court attended fiduciary by that fiduciary)	
	PRASAO VEMULAPALLS (Typed or printed name of person signing)	
	CFD/FOUNDER	

(Title of person signing)