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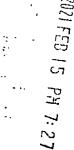
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ALL STARS DIGI	TAL SERVICES CORP	
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	GERARDO SALOM		
		Name of Contact Person	1
	ALL STARS DIGITAL SER	VICES CORP	
		Firm/ Company	
	6024 SW 163 PLACE	Tana Languary	
		Address	
	MIAMI, FL 33193		
		City/ State and Zip Cod	e
	computechhomeservice@gm	ail.com	
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: at (3994874
Name (of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	☐\$43.75 Fiting 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 ahassee, FL 32314	Amend Division The C 2415	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

ALL.	STA	RS	DIGI	TAL	SER	VICES	CORP
------	-----	----	------	-----	-----	-------	------

(Name of Corporation as curren	itly filed with the Florida	a Dept. of State)	
P19000033534			
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corpora	tion adopts the following amo	endment(s)
A. If amending name, enter the new name of the corporation:			
COMPUTECH REMOTE SOLUTIONS CORP		77	new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporat	rated" or the abbreviation "C	orp., "
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			
		25.5	
	_ .		: <u>:</u>
C. Enter new mailing address, if applicable:		. , (c)	1 · ·
(Mailing address MAY BE A POST OFFICE BOX)	N/A 	; o	
			7 1 1
			 、;
		2	
D. If amending the registered agent and/or registered office ad		he name of the	
new registered agent and/or the new registered office addre	ess:		
Name of New Registered Agent N/A			
(Florida	street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age	nt.		
I hereby accept the appointment as registered agent. I am familia	r with and accept the obli	gations of the position.	
Signature of New	· Registered Agent, if chan	<u> </u>	
	G. G	••	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	1) (e), F.S.		

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)

Example:

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	N/A		
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		· — —	
Remove			

	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
I/A	
	
	
	
<u>. </u>	
. <u>Ifan a</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
provi	isions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)
ν. Α/Α	у по аррисанс, такие (ул)

.

	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amen sufficient for approval.	dment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendments.	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
02/06/20 Dated	21	
Signature	alwat	
selec	director, president or other officer – if directors or officers have no ted, by an incorporator – if in the hands of a receiver, trustee, or oth inted fiduciary by that fiduciary)	
	GERARDO SALOM	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	