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CREDOMATIC OF FLORIDA, INC.

TYPE OF FILING: AMENDMENT

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: _____ Credomatic of Florida, Inc. DOCUMENT NUMBER: 657511 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shannon Bothwell Name of Contact Person Greenberg Traurig, PA Firm/ Company 333 SE 2nd Avenue, Suite 4400 Address Miami, FL 33131 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 579-0544

Area Code & Daytime Telephone Number Shannon Bothwell Name of Contact Person 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 Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Credomatic of Florida, Inc.	
(Name of Corporation as cur)	ently filed with the Florida Dept. of State)
657511	₩ Zeste
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	The new 1
name must be distinguishable and contain the word "corpor" (Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbreviation.	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent	
(Floric	da street address)
New Registered Office Address:	Florida
HEN REGISTER Office Attacens.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A. I hereby accept the appointment as registered agent. I am famil	llar with and accept the obligations of the position.
Signature of N	ew 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 = Chairmon 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> <u>Joh</u>	n Doe				
X Remove	Y <u>Mil</u>	ce Jones				
X Add	SV Sal	Sally Smith				
Type of Action (Check One)	Title	Name	<u>Addres</u> s			
1) Change	DCHM	ERNESTO CASTAGNERO	9150 S. DADELAND BLVD #800			
Add			MIAMI, FL 33156			
X Remove						
2) Change	DCHM	RODOLPHO TABASH	9150 S. DADELAND BLVD #800			
X Add			MIAMI, FL 33156			
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6)Change						
Add						
Remove						

Attach additional	lding additional Articles, sheets, if necessary). (Be	specific)			
					
					
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f an amendmen	provides for an exchange	n reclassification	or cancellation of i	serede house	
provisions for in	plementing the amendments able, indicate N/A)	ent if not containe	d in the amendmen	t itself;	
					
					
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing req document's effective date on the Department of State's records.	nirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	r the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the a	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	,,
by	
The amendment(s) was/were adopted by the board of directors without shareholder act action was not required.	ion and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	nd shareholder
Dated 08/03/2016	
Signature D. Handleson	
(By a director, president or other officer – if directors or officer	
selected, by an incorporator — if in the hands of a receiver, true appointed fiduciary by that fiduciary)	istee, or other court
Ricardo Horvilleur	
(Typed or printed name of person signing)	
Director and President	
(Title of person signing)	