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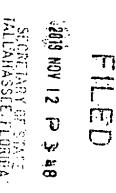
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DIGITAL VIBEZ	Z, INC.			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are s	ubmitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
	WILFORD ROMELUS			
	(Name of Contact Perso	on)		
	DIGITAL VIBEZ, INC.			
	(Firm/ Company)			
	2635 Old Okeechobee R	d		
	(Address)			
•	West Palm Beach, FL 3340)		
	(City/ State and Zip Co	de)		
V	vil@digitalvibez.com			
E-mail address: (to be u	sed for future annual report	notification		
For further information concerning this matter, plea	ase call:			
MAXO SINAL	3(at	05	308-8229	
(Name of Contact Pers		rea Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made	payable to the Florida Dep	partment of S	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	& □S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address		Address		
Amendment Section Division of Corporations		Amendment Section 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

DIGITAL VIBEZ, INC.

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I.	; <u> </u>		IJ

(Name of Corporation as curren	tly filed with the Florida Dept	. of State)	
N14000	0001716	2019 NOV 12	P 3 18
(Document Numb	er of Corporation (if known)	SECRETARY	OE CEALC
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i> C	TALLAHASSE Corporation adopt	s rile is now w
A. If amending name, enter the new name of the corporati	on:		
NA			The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the	abbreviation "Cor	p." or "Inc."
B. Enter new principal office address, if applicable:	2635 Old Okeechobee Rd		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	West Palm Beach, FL 33409		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2635 Old Okeechobee Rd		
	West Palm Beach, FL 33409		
D. If amending the registered agent and/or registered offic	e address in Florida, enter the	e name of the	
new registered agent and/or the new registered office a	ddress:		
Name of New Registered Agent: NA			
New Registered Office Address:	(Florida street	address)	
		, Florida	
	(City)	, i iorida (Zip Code	,
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent. I am far		ations of the positi	on.
_ 			
Si	gnature of New Registered Age	nt, 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.

Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>o</u>	PATRICIA SASSON	5199 10th AVENUE NORTH
Add			SUITE 200
X Remove			GREENACRES, FL 33463
2) Change	<u>o</u>	ERICA LINGUANTI	2635 Old Okeechobee Rd
X Add			West Palm Beach, FL 33409
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
NA .	
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16-	
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NOVEMBER 1, 2019	
The date of each amendment(s) adoption:	if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	t be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
NOVEMBER 5, 2019 Dated	
PAHLOND	
Signature ROMAN Signature	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
other court appointed fiduciary by that fiduciary)	
MICHEL RONY	
(Typed or printed name of person signing)	
CHAIRPERSON	
(Title of person signing)	