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COVER LETTER

TO: Amendment Section
Division of Corporations.

SMaga

Tallahassee, FL 32314

NAME OF CORPORATION: COM PUTIR IN FORMATION Allians Fandstion Ink
DOCUMENT NUMBER: W22000000973
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(Name of Contact Person)
C.I.A.F.Znc
(Firm/ Company)
207 Windword IS (Address)
(Address)
(City/ State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for Lature annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at $\frac{956 - 44497900}{(Area Code)}$ (Daytime Telephone Number)
(Name of Contact Person) (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 (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Aru	cies of incorporation	ites I
	of	7022
Computer stary	y FORMATION	AlliANCO PERSONS
Name of Corporation as currently filed with the Floric		\$5000000000
		TALLARISEEST
(Document Nu	100000973 mber of Corporation (if knows	
ursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Pr	ofit Corporation adopts the following
. If amending name, enter the new name of the corpo	oration:	
		The new
ame must be distinguishable and contain the word "corp Company" or "Co," may not be used in the name.	oration" or "incorporated" or	the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u>(SS</u>)	
	 ,	
	<u></u> -	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
). If amending the registered agent and/or registered	office address in Florida, ent	ter the name of the
new registered agent and/or the new registered offi	ice address:	er the name of the
Territorial de la companya del companya de la compa	<u> </u>	
Name of New Registered Agent:	<u> </u>	
	(Florid	a street address)
New Registered Office Address:		
		. Florida
	(City)	(Zip Code)
	(Cily)	(44)
New Registered Agent's Signature, if changing Registe	ered Agent:	
hereby accept the appointment as registered agent. I a	m familiar with and accept the	obligations of the position.
	Signature of New Registere	d Avent, 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
Y Mike Jones
X Add
SV Sallv Smith

Type of Action
(Check One)

Title Name

Address

X Change X Remove X Add	<u>V</u> <u>SV</u>	Mike Jones Sally Smith	
Cype of Action Check One)	Title	Name	Address
Change Add			
Remove			
Change Add			
Remove			
Change Add			
Remove			
5) Change Add			
Remove			
S) Change Add			
Remove			
E. If amending or add (attach additional she	ing addit eets, if nee	ional Articles, enter change(s) here: cessary). (Be specific)	
AS AHAG	4116		
-			

•	
<u> </u>	
	16. 4
The date of each amendment(s) adoption:date this document was signed.	. if other th
Effective date if applicable: (no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this block does not meet the applicable statutory fili	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated August 87+,2022
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)
(Typed or printed name of person signing)

Article VIII

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.