## P03000052944

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C. BRUMBLEY JAN 1 1 2022

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: Aliant Payments In	1C.	
DOCUMENT NUMI	BER: P03000052944		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	eric brown		
		Name of Contact Person	1
	aliant payments inc		
	-	Firm/ Company	, <u>, , , , , , , , , , , , , , , , , , </u>
	2805 E. OAKLAND PARK I	BLVD#237	
	<u>-</u>	Address	
	FORT LAUDERDALE, FL.	33306 US	
		City/ State and Zip Code	e
	e.brown@aliantpayments.com	n	
		sed for future annual report	notification)
For further information	n concerning this matter, plea.	se call: at (	, 2138129
Name (	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
Enclosed is a check fo  \$35 Filing Fee	r the following amount made  \$43.75 Filing Fee & Certificate of Status	payable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	

## Articles of Amendment to Articles of Incorporation of

aliant payments inc	
(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
P03000052944	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporat	ion:
na	The new
	ion," "company," or "incorporated" or the abbreviation "Corp.," Lo". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	na )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	na 2021 DEC 2
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	ce address in Florida, enter the name of the
Name of New Registered Agent	28 28
· · · · · · · · · · · · · · · · · · ·	orida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa.	Agent: miliar with and accept the obligations of the position.
Signature of	New Registered Agent, if changing

## Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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)

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	<u>PT</u>	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	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)	- <u></u>		
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F. If an amendment provides for an exch provisions for implementing the amer	ange, reclassifica	tion, or cancella	tion of issued shar	res,
(if not applicable, indicate N/A)	idillett (1 Hot con	itamed in the im	ionalite Risers.	
please change common shares to 1,000,000	total shares			
	, ,	- · ·		

The date of each amendment(s	s) adoption:		, if other than the
date this document was signed.	2/03/2021		
Effective date if applicable:			
	(no more than	90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the		olicable statutory filing requirements, this date :	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, o	or board of directors without shareholder action	and shareholder
■ The amendment(s) was/were by the shareholders was/wer		The number of votes cast for the amendment(s)	
		hrough voting groups. The following statement to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/v	were sufficient for approval	
eric brown by		**	
0,	(voting group)		
12/03/2 Dated	021		
Signature	663	the state of the s	
sele		fficer – if directors or officers have not been the hands of a receiver, trustee, or other court rv)	
	eric brown	••	
	(Typed or printe	d name of person signing)	<del></del>
	ceo		
	(Title of person	signing)	·· <del>···</del>