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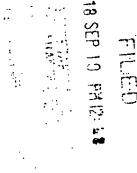
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: First Choice Cop	ying Solutions, Inc.	
DOCUMENT NUMB	ER:		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Ruben Ramos		
	·	Name of Contact Perso	n
	First Choice Digital, Inc.		
		Firm/ Company	
	245 SE 1st Street, Suite 3	. ,	
		Address	
	Miami, FL 33131		
		City/ State and Zip Coc	le
Rube	n@fccs1.com		V
	E-mail address; (to be us	sed for future annual report	t notification)
For further information	concerning this matter, pleas		579-5144
		at (579-5144 ode & Daytime Telephone Number
Name c	f Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amen Divisi Cliftor 2661 I	Address dment Section on of Corporations 1 Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

First Choice Copying Solutions Inc

(Name of Corporation as curre	mala Clad mish sha Danis	In Dank of Charles	
P05000151469	ntly med with the Florid	ia Dept. of State)	
(Document Number	r of Corporation (if know	n)	
Pursuant to the provisions of section 607,1006. Florida Statutes, thits Articles of Incorporation:	nis <i>Florida Profit Corpor</i>	ation adopts the following	; amendment(s) to
A. If amending name, enter the new name of the corporation:			
First Choice Digital, Inc.			The new
name must be distinguishable and contain the word "corpora" (Corp., ""Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	r "Co". A professional	incorporated" or the ab	breviation
B. Enter new principal office address, if applicable:	N/A	1 2 2 4 4 5 1 4 4 4 5 1 4 4 4 4 4 4 4 4 4 4 4	
(Principal office address MUST BE A STREET ADDRESS)			-SE-
		, <u>, , , , , , , , , , , , , , , , , , </u>	
C. Enter new mailing address, if applicable:	N/A	3 () 3 ()	
(Mailing address MAY BE A POST OFFICE BOX)			
		· .	··
D. If amending the registered agent and/or registered office ac	ldress in Florida, entor (the name of the	
new registered agent and/or the new registered office address	ess:	or name of the	
Name of New Registered Agent			
(Florida	street address)		
New Registered Office Address: N/A		19 (1.	
nes Registerea Office Maaress.	(City)	, Florida <i>(Zip Co</i>	ode)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	<u>nt:</u> ir with and accept the obl	iazuiane at the nocition	
The second secon	н чин ина ассери на та	igunous of the position,	
			
Signature of New	v Registered Avent if cha	noino	

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>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Chumus			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter chang (Be specific)	e(s) here:			
N/A	(De specyle)				
		-			
			·		
			<u> </u>		
				······	
	- There		- 		
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		- -			
		_	 -	· · · · · ·	
F. If an amendment provides for an excha	ango roclassifica	tian ar concellati	ian af icenad char	***	
provisions for implementing the amen	idment if not con	tained in the ame	ndment itself:	<u>cs.</u>	
(if not applicable, indicate N/A) N/A					
		- <u>-</u>	-		
			-		
		-		 	
	 _				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 requirements, the document's effective date on the Department of State's records.	his 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 east for the amenda by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st must be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	thokier
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
September 2, 2018 Dated	
Signature X	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
Ruben Ramos	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	