P12000038061

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BRAKA C	HOICE IN	NC	
DOCUMENT NUMBER: P12000038061			
The enclosed Articles of Amendment and fe	e are subr	mitted for filing.	
Please return all correspondence concerning	this matte	er to the following:	
RENATA ALCANTA	R A		
		Name of Contact Person	
ACCOUNTING PLU	S PROFE	ESSIONAL SERVICES, I	NC
		Firm/ Company	
3803 NW 7TH PL			
		Address	
DEERFIELD BEAC	H FL	33442	
		City/ State and Zip Code	;
RENATAALC@HOTMAI	L.COM		
E-mail address:	to be use	d for future annual report	notification)
For further information concerning this matt	er, please	call:	
RENATA ALCANTARA		954 at (913-1520 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amoun	t made pa	ayable to the Florida Depa	rtment of State:
\$35 Filing Fee \$343.75 Filing Certificate of \$350.		□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BRAKA CHOICE INC

DIGINET CHOICE HTC	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P12000038061	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	·
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
•	
•	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	, Florida
Them Registered Office Address.	(City) (Zip Code)
	(A) Dea
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Tuniyanina	A STATE OF THE OUTGOING STATE OF THE POSITION.
	87 - P
Signature of New F	Registered Agent, if changing
	200 A 100 A

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.

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	VP	PLUTARCO A. RODRIGUEZ	1641 SW 65TH AVE
X Add			BOCA RATON, FL 33428
Remove			
2) Change	D	DAIVY YAMINA ALEGRIA	1640 SW 64TH WAY
X Add			BOCA RATON, FL 33428
Remove			
3) Change			****
Add			···
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
,	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi applicable, malcale wa)	

•	05/12/2016	
The date of each amendment(s) date this document was signed.	adoption:, i	if other than th
Effective date if applicable:	·	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
05/12/20	016	
DatedSignature ×	Julio Poolige	
_(By scie	director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	JULIO C RODRIGUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	