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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FUNDING CAPIT	AL RESOURCES INC.			
DOCUMENT NUMBI	013000004603		· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
I	DWIGHT WEST				
_	Name of Contact Person				
F	FUNDING CAPITAL RESOURCES INC.				
_	Firm/ Company				
4	405 S. DALE MABRY HWY SUITE 118				
_	Address				
3	TAMPA, FLORIDA . 33609				
_	City/ State and Zip Code				
WEST	HOLDINGS2020@GMAIL.	COM			
	<del>-</del>	sed for future annual report	notification)		
	`	•	•		
For further information	concerning this matter, pleas	se call:			
DWIGHT WEST		786	523-8797		
Name of	Contact Person	<del></del>	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made i	payable to the Florida Depa	urtment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$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 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

FUNDING CAPITAL RESOURCES INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P12000086507	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
SAFE PAY PROCESS INC.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	"," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	(Zip Code)

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:	, ана зап	y Smith, 3) as an Add.	
X Change	<u>PT</u>	John Doc	
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			<del></del>
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u></u>
5) Change			
Add			
Remove			
6) Change			
Add	-		
Remove			

	mending or adding additional A ach additional sheets, if necessary	y). (Be specific)			
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lf ai	n amendment provides for an e	xchange, reclassific	ation, or cancellatio	on of issued shares,	
1) [1	ovisions for implementing the a (if not applicable, indicate N/A	menament it not co	ntained in the amer	iamen <u>t usen:</u>	
***	(y not applicable, maleure 1911	,			
ننه					

The date of each amendment(s) ac	loption:	, 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 bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date variation of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) dflicient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
7/15/2019		
Dated	<del></del>	
s: <u>/</u>	/	
Signature	frector, president or other officer – if directors or officers have not been	<del></del>
	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
	DWIGHT WEST	
	(Typed or printed name of person signing)	<del></del>
	CEO	
	(Title of person signing)	