P1300062619

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T. LEMIEUX

COVER LETTER

TO: Amendment Section

Division of Corp	orations					
NAME OF CORPOR	RATION: SCRAMBL	ED, INC				
DOCUMENT NUM	BER: P1300006261	9				
DOCUMENT NUMBER	век:					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	ARLENE SHANE					
		Name of Contact Person	1			
SOLUTIONS FOR ACCOUNTING, INC						
	Firm/ Company					
	1311 N 47TH AV	E				
		Address				
	HOLLYWOOD, F	L 33021				
		City/ State and Zip Code	2			
СП	ANE 10@DELL CO	NITH NET				
SHANE18@BELLSOUTH.NET						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
ARLENE SHANE at 954 96			967-8565			
Name of Contact Person		at (954) 967-8565 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 & 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		Street Address				
	endment Section	Amendment Section				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SCAMBLED, INC					_	
(Name of Corporation as currentle	y filed with the Flo	rida Dept. of St	ate)		_	
P13000062619					_	
(Document Number	r of Corporation (if k	nown)				
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this Fl	orida Profit Cor	<i>poration</i> adop	ts the followin	g amendm	ient(s) to
A. If amending name, enter the new name of the						
CONTRACT PURCHASING, II					_The ne	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "Co	o". A professioi	or "incorpora nal corporatio	ted" or the a on name must o	bbreviatio contain th	on ne
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			<u> </u>		-	
(Trincipal byfice datatess most be A STREET A	IDDRESS)				_	
					_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROX)					
(Stating maness MATE BEAT OST OFFICE	<u> </u>				_	
					_	
					_	
D. If amending the registered agent and/or reginew registered agent and/or the new registered.		s in Florida, en	ter the name	of the		Ŧ
					13	Sign Sign
Name of New Registered Agem					8	22.23 22.23 23.23 24.23 25.23 26.23
	(Florida street	r addunus				97
	(Promate street	taan ess)				
New Registered Office Address:	(City)		Florida	(Zip Code)	- =	326
	(City)			(Zip Couc)	4M 10: 45	新い
					Çı	공류
New Registered Agent's Signature, if changing						••
I hereby accept the appointment as registered ager	ıt Lam familiar wit	h and accept the	obligations o	f the position.		
Signature o	f New Registered Ag	ent 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change		_	
Add			
Remove			•
2) Change			
Add			
Remove			
3) Change			
Add			
4) Change			
Add			
Remove			
5) Change			
Add Remove			
[]			
6) Change			
Remove			

. main manner and to, if necessary).	ticles, enter change(s) here: (Be specific)
it an amendment provides for an exc provisions for implementing the am	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	······································

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 10/10/20	Juthlatiens.	
selected	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	ROBERT GUTIERREZ	
•	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	