## P14000048291

(Re	questor's Name)
(Add	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
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(Do	cument Number)
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Amend 10 Phyliu TO: Amendment Section Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: Bit Platforms Inc		
DOCUMENT NUMBER: P14000048297		
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter t	to the following:	
Ernesto Perez Real		
· ·	Name of Contact Person	
Bit Platforms Inc		
	Firm/ Company	
1275 W 47th Place, Suite 339		
· · · · · · · · · · · · · · · · · · ·	Address	
Hialeah, FL 33012		
	City/ State and Zip Code	
ernesto@enpasonline.com		
	be used for future annual report n	otification)
For further information concerning this matter, please call	:	
Ernesto Perez Real	at (305) 826-4050	
Name of Contact Person		Daytime Telephone Number
Enclosed is a check for the following amount made payab	ole to the Florida Department of S	tate:
X \$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)
<u>Mailing Address</u> Amendment Section	Street Ag Amendme	<u>Idress</u> ent Section

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment to Articles of Incorporation of

it Platforms Inc				_
( <u>Name of Corpora</u>	tion as currently filed with the	Florida Dept. of State	2)	
4000048297				_
(Doc	cument Number of Corporation	(if known)		
ursuant to the provisions of section 607.10 mendment(s) to its Articles of Incorporation		a Profit Corporation a	adopts the following	
If amending name, enter the new name	ne of the corporation:			
ne new name must be distinguishable and obreviation "Corp.," "Inc.," or Co.," or the dontain the word "chartered," "professional a	lesignation "Corp," "Inc," or "Co	". A professional corpo		-
Enter new principal office address. if rincipal office address MUST BE A STF				-
Enter new mailing address, if applical (Mailing address MAY BE A POST OF	FFICE BOX)	n Florida, enter the na	THE OF the	CARCEL PROPERTY SALES
new registered agent and/or the new	<del>-</del>		ب ب	
Name of New Registered Agent:	Enpas Business Services Inc		ىت 	T,
	1275 W 47th Place, Suite 339 (Florida stre	eet address)		
New Registered Office Address:	Hialeah (City)	,	Florida 33012 (Zip Code)	-
ew Registered Agent's Signature, if char nereby accept the appointment as registere			of the position.	

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						
<u>_X</u>	Change	<u>PT</u>	John Doe			
<u>X</u>	Remove	Ā	Mike .	Jones		
<u> x</u>	Add	<u>sv</u>	Sally	<u>Smith</u>		
Type of /		<u>Title</u>		Name	Address	
1)	Change	P	<del>-</del>	Alberto Perez	1275 W 47 Place	
	Add				Suite 339	
<u>x</u>	Remove				Hialeah, FL 33012	
2) <u>X</u>	Change	P, S	_	Ernesto Perez Real	1275 W 47 Place	
	Add				Suite 339	
	Remove				Hialeah, FL 33012	
3)	Change Add Remove		-			
4)	Change Add Remove		-			
5)	Change Add		-	·		
6)	Remove		<del>-</del>			
	Add					

	Bit Platforms Inc	ATX1
Ε.	If amending or adding additional Articles, enter change(s) here:	
	(Attach additional sheets, if necessary). (Be specific)	
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		<u>.</u>
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F.	If an amendment provides for an exchange, reclassification, or cancellation of issued shares.	
	provisions for implementing the amendment if not contained in the amendment itself:	
	(if not applicable, indicate N/A)	
	<u> </u>	
_		
_		

The date of each amendment(s) ad		, if				
other than the date this document wa	as signed.					
Effective date if applicable:	December 1st 2014					
	(no more than 90 days after amendment file date)					
Adoption of Amendment(s)	(CHECK ONE)					
X The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.					
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)					
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder					
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder					
Dated	11/30/2014					
Signature	By a director, president or other officer – if directors or officers have not been					
s	elected, by art incorporator – if in the hands of a receiver, trustee, or other compointed fiduciary by that fiduciary)	urt				
	Ernosto Porz Renf					
	(Typed or printed name of person signing)					
	President					
	(Title of person signing)					