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A. Butter

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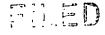
TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Dops.io, Inc.			
DOCUMENT NUME			<del></del>	
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Savvas Bout			
		Name of Contact Person	1	
		Firm/ Company		
	488 NE 18th St 808			
		Address		
	Miami, FL 33132			
		City/ State and Zip Cod-	e	
	me@savvasbout.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Savvas Bout		at (	6061822	
Name of Contact Person		at ( 786 ) 6061822  Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee	

Tallahassee, Fl. 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



2021 HAR 29 AM 8: 05

Dops.io. Inc.	SOULTHWIT STATES
(Name of Corporati	ion as currently filed with the Florida Dept. of State) F STATE TALLAHASSEE, FL
	nent Number of Corporation (if known)
	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
Bandito Networks, Inc.	The new
	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO  D. If amending the registered agent and/or registernew registered agent and/or the new registered	red office address in Florida, enter the name of the
Name of New Registered Agent	Office address.
Transit of the fregion carries	
-	(Florida street address)
New Registered Office Address:	, Florida
	I am familiar with and accept the obligations of the position.
Signo	ature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; V \neq Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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)	Title	<u>Name</u>	Address
1) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			<del></del>
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional she</i>	ets, if necessary).	(Be specific)				
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f an amendment proprovisions for imple (if not applicable	ementing the amer	ange, reclassifica ndment if not co	ation, or cancella ntained in the ar	ntion of issued s mendment itself:	nares,	
			<del>,</del>			
	•					
			· , ·			

•

	loption:	, if other than the
date this document was signed.		
03/1' Effective date if applicable:	7/21	
enective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, to partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend flicient for approval.	iment(s)
	proved by the shareholders through voting groups. The following seach 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		
	(voting group)	
03/17/21		
Dated		
Signature		
selected	rector, president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or othe ed fiduciary by that fiduciary)	
	Savvas Bout	
	(Typed or printed name of person signing)	
	PVP	
	(Title of person signing)	