## P1500091141

| (R                                      | equestor's Name)    |             |
|---|---------------------|-------------|
| (A                                      | ddress)             |             |
| (A                                      | ddress)             |             |
| (C                                      | ity/State/Zip/Phone | e #)        |
| PICK-UP                                 | WAIT                | MAIL        |
| (B                                      | usiness Entity Nar  | ne)         |
| (D                                      | ocument Number)     | <del></del> |
| Certified Copies                        | Certificates        | s of Status |
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## COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: WELLMENT INC  | C  |  |  |  |  |
|--|--|--|--|--|--|
| DOCUMENT NUMBER: P15000097141  |  |  |  |  |  |
| The enclosed Articles of Amendment and fee are su  | abmitted for filing.   |  |  |  |  |
| Please return all correspondence concerning this ma  | atter to the following:  |  |  |  |  |
| MARK LUCIANI   |  |  |  |  |  |
| -  | Name of Contact Person   |  |  |  |  |
| CONSULTING SOLUTION  |  |  |  |  |  |
| <del></del>  | Firm/ Company  |  |  |  |  |
| 3000 N FEDERAL HWY - SUTIE 1   |  |  |  |  |  |
|  | Address  |  |  |  |  |
| FORT LAUDERDALE FL   | FORT LAUDERDALE FL 33306   |  |  |  |  |
| -  | City/ State and Zip Code   |  |  |  |  |
| MLUCIANI@CS-TAX.COM  |  |  |  |  |  |
| E-mail address: (to be us  | sed for future annual report notification)   |  |  |  |  |
| For finisher in formation and the state of t |  |  |  |  |  |
| For further information concerning this matter, pleas  | se call:   |  |  |  |  |
| MARK LUCIANI   | at (   |  |  |  |  |
| Name of Contact Person   | Area Code & Daytime Telephone Number   |  |  |  |  |
| Enclosed is a check for the following amount made p  |  |  |  |  |  |
| □ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status  | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  S52.50 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   | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle  |  |  |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| WELLMENT INC  |   |
|---|---|
| (Name of Corporation as current   | ly filed with the Florida Dept. of State)                       |
| P15000097141  |   |
| (Document Number of   | 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 "corporatio" "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:   | N/A   |
| (Principal office address MUST BE A STREET ADDRESS)   |   |
|   |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | N/A   |
|   |   |
| D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address  | ress in Florida, enter the name of the                          |
| Name of New Registered Agent N/A  |   |
| (Elacido et   | eet address)  |
|   |   |
| New Registered Office Address:  | (City) , Florida(City)  |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v  | with and accept the obligations of the position.                |
| Signature of New R  | egistered Agent, 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>    | <u>John Doe</u> |                       |
|-------------------------------|--------------|-----------------|-----------------------|
| X Remove                      | <u>v</u>     | Mike Jones      |                       |
| _X Add                        | <u>sv</u>    | Sally Smith     |                       |
| Type of Action<br>(Check One) | <u>Title</u> | Name            | <u>Addres</u> s       |
| i) Change                     | <u>D</u>     | CAIRON SRL      | MILANO PIAZZALE LIBIA |
| XX Add                        |              |                 | 2 CAP 20135           |
| Remove                        |              |                 | MI - 2529427          |
| 2) Change                     |              |                 | <del></del>           |
| Add                           |              |                 |                       |
| Remove                        |              |                 | <del></del>           |
| 3) Change                     |              | <u> </u>        | <del>-</del>          |
| Add                           |              |                 |                       |
| Remove                        |              |                 |                       |
| 4) Change                     |              | _               |                       |
| Add                           |              |                 |                       |
| Remove                        |              |                 |                       |
| 5) Change                     |              |                 |                       |
| Add                           |              |                 |                       |
| Remove                        |              |                 |                       |
| 6) Change                     |              |                 |                       |
| Add                           |              |                 |                       |
| Remove                        |              |                 |                       |

| (Attach additional sheets, if necessar      | Articles, enter change(s) here: ry). (Be specific)  |
|---|---|
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| (if not applicable, indicate N/A)           | exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:  ON OF WELLMENT INC ON AUGUST 27,2018 THE RECLASSIFICATION OF |
| ARES AND THE ADDITION OF A                  | NEW SHAREHOLDER CAIRON SRL WILL RESULT IN THE FOLLOWING   |
| HAREHOLDER STRUCTURE EFFE                   | <del></del>   |
|   |   |
| IAN LUCA INNOCENTI - 79%                    |   |
| IAN LUCA INNOCENTI - 79%<br>AIRON SRL - 20% |   |

| The date of each amendment(s)                                       | adoption:   | , if other than the            |
|---|---|--------------------------------|
| date this document was signed.                                      | SEPTEMBER 1, 2018   |                                |
| Effective date <u>if applicable</u> :                               | (no more than 90 days after amendment file date)  | <del></del>                    |
|   | (no more than 90 days after amenament fite 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 Department of State's records.   | date will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)   |                                |
| ■ The amendment(s) was/were a by the shareholders was/were          | dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.   | nt(s)                          |
| ☐ The amendment(s) was/were a must be separately provided for       | pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):  | ?ment                          |
| "The number of votes ca   | st for the amendment(s) was/were sufficient for approval  |                                |
| by  | (voting group)  |                                |
|   | (voung group)   |                                |
| ☐ The amendment(s) was/were a action was not required.              | dopted by the board of directors without shareholder action and shareho   | lder                           |
| ☐ The amendment(s) was/were a action was not required.              | dopted by the incorporators without shareholder action and shareholder  |                                |
| Dated   | <del></del>   |                                |
| Signature   |   |                                |
| select  | director, president or other officer – if directors or officers have not bee<br>ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary) | n<br>ourt                      |
|   | DIGITAL DYNAMICS INC/ALBERTO MATTIELLO  |                                |
|   | (Typed or printed name of person signing)   |                                |
|   | PRESIDENT (like) / (la Hl)  (Title of person signing)   |                                |
|   | (Title of person signing)   |                                |