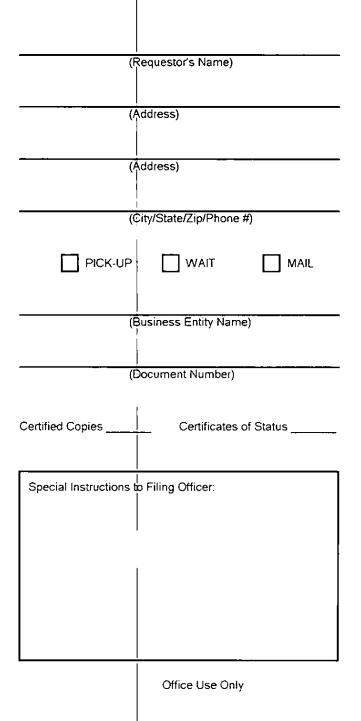
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COVER LETTER

Division of Corpo					
NAME OF CORPOR	ation Compu	- Billing	Services Inc		
DOCUMENT NUMB	ER: P17000	068182			
	f Amendment and fee are su				
!	ondence concerning this ma				
-	Mosi	-			
-	Compu-	- Billing Servi			
-		Martin huther Address			
1_	Tampa	FL 33603 City/ State and Zip Code			
	•	City/ State and Zip Code	e		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Mosi a	عالات	at (494	de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 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			Address		
	idment Section		Amendment Section Division of Corporations		
	ion of Corporations Box 6327		on or Corporations Building		
	hassee, FL 32314		Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

01			
Compu-Billing	SECULOS	INC	
(Name of Corporation as currently filed Wi			
P17000065152			

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

A. If amending name, enter the new name of the c	The new
	ord "corporation." "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co". A professional corporation name must contain the — e-abbreviation "P.A."
B. Enter new principal office address, if applicab	le:
(Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable: (Mailing address) MAY BE A POST OFFICE BO	0.00 P.O. Box 5702
	Tampa Ph 33675
l	10mpo 14 35613
	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	1 office address:
Name of New Registered Agent	
Name of New Registered Agent	SEP 16
Name of New Registered Agent	(Florida street address)
Name of New Registered Agent New Registered Office Address:	(Florida street address) Florida
	. Florida
New Registered Office Address:	(City) Florida (Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Re	(City) Florida (Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Re	(City) Florida (Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Signa	(City) Florida (Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Re	(City) Florida (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:	71C. Will Oldings 130	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
X Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SV	Carrah Whit	
Add			Tampa FL 33603
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendment p	ovides for an excl	hange, reclassi	ification, or c	encellation of	issued shares,	
<u>provisions for imp</u>	ementing the amo	endment if not	contained in	the amendme	nt itself:	
(if not applicat	le, indicate N/A)					
			 			
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1				<u></u>		

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s by the shareholders was/were sufficient for approval.)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	ni
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	r
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9-12-19	
Signature(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Mosi Collins	
(Typed or printed name of person signing)	
Chairman	
(Title of person signing)	

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the