P18 00000 9880

(Re	equestor's Name)
(Ad	idiess)
(Ad	dress)
(Cit	ty/State/Zip/Phone #)
☐ BICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	curnent Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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2023 OCT -4 AM 8: 21 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Aliant Holdings Inc DOCUMENT NUMBER: P18000009880 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kathy Torres Name of Contact Person Firm/ Company 2505 E. Oakland Park Blvd., #237 Address Fort Lauderdale, FL 33306 City/ State and Zip Code Kathy.Torres@aliantpayments.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954 Area Code & Daytime Telephone Number kathy Torres Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address
Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment Articles of Incorporation of

Aliant Payments Inc	
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P18000009880	
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the c	orporation:
BLOCKWYRE HOLDINGS INC	The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	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 ADD	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	DX)
D. If amending the registered agent and/or registed new registered agent and/or the new registered	red office address in Florida, enter the name of the
·	onice activess.
Nume of New Registered Agent	
	(Florida street address)
	(r tortaa street aaaress)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg Thereby accept the appointment as registered agent.	tistered Agent: I am familiar with and accept the obligations of the position.
Signa	ature of New Registered Agent, if changing

Check if applicable \Box 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)

Add

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 $\underline{\mathbf{V}}$ Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> **Address** (Check One) 1) ____ Change Add ____ Remove 2) ____ Change ____ Add Remove 3) Change ___ Add __ Remove Change __ Add __ Remove 5) Change __ Add Remove 6) ____ Change

ttach additional sheets, if necessar	rticles, enter change(s v). (Be specific)			
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<u>- · · · · · · · · · · · · · · · · · · ·</u>	-			
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in amendment provides for an e	change, reclassificatio	n, or cancellation of i	issued shares.	
ovisions for implementing the a	mendment if not conta	ined in the amendme	nt itself:	
(if not applicable, indicate N/A)		-	_	
			· · · · · · · · · · · · · · · · · · ·	
		<u>.</u>		
				
	-	_		

9/1/2023 The date of each amendment(s) adoption:, if other than the
date this document was signed.
9/1/2023 Effective date if applicable:
(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 date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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 statement must be separately provided for each 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)
Dates 10/4/23
Signature 32 72
thy 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 cours appointed fiduciary by that tiduciary)
teris Brown
(Typed or printed name of person signing)
(Ter)
(Fitle of person signing)