## P18000088488

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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

NAME OF CORPOR	RATION: Cardon	atic Inc		
DOCUMENT NUMBER: P18000088488				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Xavi	Cr. F. Rarno Name of Contact Perso	S	
		Name of Contact Perso	n	
	('ard	Imatic I	 	
Firm/ Company				
	11384 S	w Pattersa	onst	
		Address		
	Port St	City/ State and Zip Cod	34987	
\$ <b>•</b> 1		City/ State and Zip Cod	e	
	Cardra- E-mail address: (to be us	Hic O holm ed for future annual report	ail. Com notification)	
For further information	concerning this matter, pleas	e call:		
Xavier		at (954)	S82-5454	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	rtment of State:	
፟ \$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)	
	ng Address		Address	
	ndment Section ion of Corporations		ment Section	
	Box 6327		n of Corporations Building	
	nassee, FL 32314		xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CARDMATIC INC.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P18000088488	
(Document Number o	f 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:	
	The new
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	n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	THE DE LE D
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	vet address)
New Registered Office Address:	(City) (Zip Code)
	(cm) Trap Coacy
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	
Signature of New k	legistered 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>	John Doe	
X Remove			
	V	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	P	Xavier F. Ramos	11386 SW Patterson St Port St Lucie, FL 34987
Add			Port St Lucie, FL 34987
Remove			
2) Change			<del></del>
Add			
Remove			<del>-</del>
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del> </del>		
Add			
Remove			

	ssary). (Be specific)	nge(s) he <u>re</u> :		
1.)	/A			
	/			·
		<del>_</del>		
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<del> </del>	<del></del>	·- ·- ·- ·-		
f an amendment provides for	an exchange, reclassif	<u>ication, or cancella</u>	tion of issued share	<u>.</u>
provisions for implementing t (if not applicable, indicate	<u>he amendment if not c</u> N/A)	contained in the am	endment itself:	
N/A	,			
K // A	<del> </del>			
12//				
<u> </u>				
1~//				
[~//\				
1~//				
17//				
1~//				
[~//\				

The date of each amendment(s) adoption:	A	, if other than the
date this document was signed.		
Effective data if applicable:	0/2018	
Effective date if applicable:	0 2018 nord than 90 days after amenda	ment file date)
,		
Note: If the date inserted in this block does not meet document's effective date on the Department of State's		g requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK C	DNE)	
☐ The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approva		st for the amendment(s)
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group (		
"The number of votes east for the amendment(	s) was/were sufficient for appr	oval
by(voting gro		
(voting gro	up)	
☐ The amendment(s) was/were adopted by the board o action was not required.	f directors without shareholder	action and shareholder
The amendment(s) was/were adopted by the incorpo action was not required.	rators without shareholder acti	on and shareholder
• • •		
Dated 11/10/2015		
7		
Signature		
	other officer - if directors or o	
selected, by an incorporato appointed fiduciary by that	r – if in the hands of a receiver fiduciary)	r, trustee, or other court
,,		
Xavi	Er F. Ramos or printed name of person sign	
(Typed o	or printed name of person sign	ing)
P,	resident (Title of person signing)	
	(Title of person signing)	