P19000034569

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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Office Use Only



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SCORLAGASSEC FL



COVER LETTER

TO: Amendment Section Division of Corporations Quantum Digital Conmerce INC NAME OF CORPORATION: P 190000 34569 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Doral FL 33166

City/ State and Zip Code For further information concerning this matter, please call: at (954) 20019 09

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & **□**\$52.50 Filing Fee Certificate of Status Certificate of Status

Certified Copy

enclosed)

(Additional copy is

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

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment

to

Articles of Incorporation

| of of o | | | |
|---|---------------|-------------|-----------------|
| Quantum Digital Commerce, Inc | | | |
| (Name of Corporation as currently filed with the Florida Dept. of State |) | | |
| P 19 0000 34 56 9 | | | |
| (Document Number of Corporation (if known) | | | |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fits Articles of Incorporation: | ollowing a | amendme | ent(s) t |
| A. If amending name, enter the new name of the corporation: | | | |
| A/4 | r | The new | |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" of "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A." | r the abb | reviation | 1 |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | _ | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | AL A | 2p19 / UG | #E-1-2 |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: | ASS. | 6 P | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | PH 12: | ار مصريا عود |
| Name of New Registered Agent | -7 | | |
| | j.• | 5 | |
| (Florida street address) | | | |
| New Registered Office Address:, Florida | | | |
| (City) | (Zip Cod | de) | |
| New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positive of New Registered Agent, if changing | | | |
| Signature of New Kegimerea 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: <u>X</u> 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) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | 5 | EHillo Arauz | 520 Brichal Key Dr. |
| _X _ Add | | | Apt. # 328.C |
| Remove | | | Mioni, FL 33131 |
| 2) Change | | | |
| Add | | | |
| Remove | | | <u>.</u> |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| . <u>If amending or addi</u> (Attach <i>additional she</i> | ng additional Articets, if necessary). | cles, enter change((Be specific) | s) here: | | | |
|---|--|--------------------------------------|-------------------|------------------|--------------|--|
| | | | | | | |
| | | \/1 | | <u> </u> | | |
| | | M/A | | | | |
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| If an amendment pr provisions for impl | ovides for an excha | ange, reclassificati | on, or cancellati | on of issued sha | ares, | |
| (if not applicable | e, indicate N/A) | igment ii not conta | amed in the ame | nument usen. | | |
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| | | N 7 / N | | - | | |
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| The date of each amendment(s) ado | ption: | , if other than the |
|--|---|----------------------------------|
| date this document was signed. | A / | |
| Effective date <u>if applicable</u> : | 08/08/2019 | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blo document's effective date on the Department. | ock does not meet the applicable statutory filing requirements, thi artment of State's records. | s date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adop by the shareholders was/were suff | ted by the shareholders. The number of votes cast for the amendmented for approval. | ent(s) |
| | oved by the shareholders through voting groups. The following state ach voting group entitled to vote separately on the amendment(s): | tement |
| "The number of votes cast fo | or the amendment(s) was/were sufficient for approval | |
| by | <u> </u> | |
| • | (voting group) | |
| ☐ The amendment(s) was/were adop action was not required. | ted by the board of directors without shareholder action and shareh | older |
| ☐ The amendment(s) was/were adopt action was not required. | ted by the incorporators without shareholder action and shareholde | г |
| Dated | 08/2019 Doc 45/2 18 ivino / | |
| Signature | Boatsiz Trivino 1 | <u>-</u> |
| (Dy a tint | cetor, president of other others - if directors er officers have not be | |
| | by an incorporator – if in the hands of a receiver, trustee, or other of diduciary by that fiduciary) | court |
| | 015 | |
| _ | (Typed or printed-name of person signing) | <u> </u> |
| | | |
| _ | Prosident. | |
| | (Title of person signing) | |