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COVER LETTER

TO: Amendment Section

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· Division of Corporations				
NAME OF CORPORATION: PayRails, INC. P19000 50162				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person 2 Pay Rails, Inc. Firm/ Company 8659 Bay pine Rd., Suite 308 Address Jacksonville, FL 32256 City/ State and Zip Code MARK. DINKEL@ epayrails. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
MARK Dinkel at (805) 341-2423 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 850 - 245 - 6050				

Articles of Amendment

Article	s of Amendment
Articles	to of Incorporation
A 0	of Across
a Parkarl	e luc
(Name of Corporation as cu	errently filed with the Florida Dept. of State)
P 190005	016)
	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporati	on:
FINTAINIUM, INC.	The new
name must be distinguishable and contain the word "corporation	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	200 8659 BayAmp Rd.
(Principal office address MUST BE A STREET ADDRESS)	C 1 300
	20116 300
	Jacksonville, FL 32256
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A BOVE
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
	rida street address)
New Registered Office Address:	A A Florida
New Negistered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	Agent: niliar with and accept the obligations of the position.
	NA
Signature of	New Registered 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	$\underline{\mathbf{V}}$	Mike Jones			
X Add	<u>sv</u>	Sally Sm	<u>iith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
l) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_		 	
Add					
Remove					
δ) Change					
Add					
Remove					
			Page 2 of 4		
E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					

NIA

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(if not applicable, indicate N/A)	ent if not contained in the amendment itself: \(\sum_{A} \)	
		. <u> </u>
		
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	Page 3 of 4	
<u>ر</u>	1 15/ 2 -16	
he date of each amendment(s) adoption: 🖖	December 18, 2019	if other than
tte this document was signed.		
ffective date <u>if applicable</u> :	NIA	

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 shareholders was/were sufficient		otes cast for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each		
"The number of votes cast for the	amendment(s) was/were sufficient f	or approval
by	(voting group)	"
	(voting group)	
The amendment(s) was/were adopted t action was not required.	y the board of directors without share	eholder action and shareholder
selected, by a	•	ors or officers have not been eceiver, trustee, or other court
	(Typed or printed name of person	
(Title	• • • • • • • • • • • • • • • • • • • •	on Ebeneral Coursel