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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: T2 TECHNALYTICS GROUP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TIMOTHY A. THIELEN Name of Contact Person **T2 TECHNALYTICS** Firm/ Company C/O KSDT & CO., 9300 S. DADELAND BLVD., STE. 600 Address MIAMI, FL 33156 City/ State and Zip Code TIMOTHYTHIELEN@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TIMOTHY A. THIELEN 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

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Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

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DOOR TO DE STATE

Articles of Amendment to Articles of Incorporation of

T2 TECHNALYTICS GROUP

(Name of Corpora	tion as currently filed with the Fl	orida Dept. of State)	
P19000075736			
(Docu	iment Number of Corporation (if ki	nown)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida Profit Cor</i>	poration adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the o	corporation:		
T2 TECHNALYTICS INC.			The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	p," "Inc," or "Co". A profession	or "incorporated" or the nal corporation name mus	abbreviation t contain the
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>OX</u>)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ter the name of the	19 601
Name of New Registered Agent			
	(Florida street address)		22 377
New Registered Office Address:		, Florida	<u></u>
	(City)	(Zi _l	p Code) .5
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		obligations of the position	
Sig	gnature 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 Doc	
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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
			· · · · · · · · · · · · · · · · · · ·
Add Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
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	nange, reclassification, or cancellation of issued shares,
an amendment provides for an exch	_
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 9/26/2019 OI AF FOON ST POSSIBLE	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	
TIMOTHY A. THIELEN	
(Typed or printed name of person signing)	
PRES.	
(Title of person signing)	