## P19000082541

(Requestor's Name)	
(Address)	700372322807
(Address)	100012022001
(City/State/Zip/Phone #)	
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(Business Entity Name)	09/01/2101019005 **52.50
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: Comviva Technol	ogies USA Inc	_
	1BER: P19000082541		
	es of Amendment and fee are s	ubmitted for filing.	
Please return all corr	espondence concerning this m	atter to the following:	
	Nicholas Catrakilis		
		Name of Contact Person	1
	CKH Consulting, LLC		
	<del></del>	Firm/ Company	
	303 Perimeter Center N. Sui	te 200	
		Address	
	Atlanta, GA 30346		
		City/ State and Zip Code	2
	nickc@ckhgroup.com		
	·	sed for future annual report	
For further information	on concerning this matter, plea	·	
Nicholas Catrakilis		at (	495-9077
Name	of Contact Person		le & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
S35 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div	iling Address endment Section ision of Corporations . Box 6327	Division	Address nent Section t of Corporations ntre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Conviva Technologies USA Inc	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000082541	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	2077
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	<u> </u>
	<del></del> _
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
pane of see regimered agen	
tFlorida s	Greet address)
	THE CONTRACT COMP
New Registered Office Address:	
	(Cay)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian	nt: with and accept the obligations of the position.
Nionature of New	Registered Agent, if changing
to grandite significant	reserve to the time of the companies

Check if applicable

☐ 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)

Example:

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.

X 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			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			<del>.</del>
Remove			
5) Change			•
Add			
Remove			
6) Change		·	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
Authorized shares are increased upto two million five hundred thousand [2,500,000]			
with a par value of \$1.00, common shares			
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,			
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)			

	t(s) adoption:	, if other than the
date this document was signed	. 25th August, 2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fit	le date)
	this block does not meet the applicable statutory filing requi	rements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without	shareholder action and shareholder
	re adopted by the shareholders. The number of votes cast for ere sufficient for approval.	the amendment(s)
	re approved by the shareholders through voting groups. The jed for each voting group entitled to vote separately on the amount	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	August, 2021	
Dated Signature	MANORANJAN MOHAPATRA	
(F	by a director, president or other officer – if directors or officer elected, by an incorporator – if in the hands of a receiver, trust oppointed fiduciary by that fiduciary)	
	Manoranjan Mohapatra	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	-