## P20 000047513

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(Reque	estor's Name)	
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## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: TAPTOK INC		
	BER: P20000047513		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JAIME MANTEIGA		
		Name of Contact Person	
	TAPTOK INC		
		Firm/ Company	
	8225 SW 107 AVE APT B		
		Address	
	MIAMI FL 33173		
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
For further information	E-mail address: (to be us on concerning this matter, pleas	sed for future annual report	notification)
JAIME MANTEIGA		at (	_)
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Am Div	iling Address endment Section ision of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

FILED

2020 OCT 19 PM 4: 42

TAPTOK INC

	as currently filed with the Florida Dept. of State A. U.F. S. IALLA IIASSEE. FL
P20000047513	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co", A professional corporation name must contain the word fation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	(ESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	)
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
Hume by Hen Registered agent	
	(Florida street address)
	11-101 tita sireet aaaress)
New Registered Office Address;	, Florida
	(City) (Zip Code)
Now Bookstared Agent's Signature if changing Books	torod Aganti
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I c	am familiar with and accept the obligations of the position.
Signati	are of New Registered Agent, if changing
Chack if applicable	

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)

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>РТ</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>	<u>Addres</u> s
1) Change	<u>V</u>	JANSE LAZO VALDES	8225 SW 107 AVE APT B
X Add			MIAMI FL 33173
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change		_	-
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding addition (Attach additional sheets, if nec	essary), (Be speci	fic)			
(Tracer Beautioned Bracelli, 9 race		)··· /			
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		_			-
If an amendment provides for provisions for implementing	an exchange, recia	assification, or car	iceliation of issue	d shares,	
(if not applicable, indicate	N/A)	not contained in th	ne amendment its	<u></u>	
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	10/5/2020	
The date of each amendment(s) addate this document was signed.	1option:	, if other than the
10/0	5/2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendatificient for approval.	nent(s)
	roved by the shareholders through voting groups. The following sta- each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
byJAIME MANTEIGA	."	
	(voting group)	
10/5/2020		
Dated		
Signature	A. The state of th	
selected	rector, president or other officer – if directors or officers have not b d, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	JAIME MANTEIGA	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	