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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Transcienta, Inc.
DOCUMENT NUMBER: P2 00000 76636
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 Tiered Capital Trace
Tiered Capital, Inc.
111 N. Orange Ave., Ste 800 Address
Orlando, FL 32801 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (407) 476-0620 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

FILE

	rilED
Transcienta, Inc.	2021 MAR - 2
(Name of Corporation as currently	filed with the Florida Dept. of State) $\leq A \tilde{n} _{\Omega}: L_4$
PZ 00000 76636	· ···
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F is Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
Transcienta Cococcation	The now
Transcienta Corporation ame must be distinguishable and contain the word "corporation," "color.," or Co" or the designation "Corp.," "Inc.," or "Co". A chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent NIA	
(Florida stree	vet address)
New Registered Office Address: New A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with the second seco	with and accept the obligations of the position. The position of the position of the position of the position of the position.
Signature of New Reg	gistered Agent, if changing

☐ 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 Do	<u>oe</u>	NIA	
X Remove	<u>V</u>	Mike Jo	nes	• ,, ,	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		<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					

ttach a	nding or adding addition additional sheets, if nece	ssary). (Be spe	cific)	<u>.</u> .		
	NIA		-			
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provisi	mendment provides for ions for implementing Inot applicable, indicate	the amendment i	classification, o f not contained	r cancellation of i in the amendme	issued shares, nt itself:	
	N/A					
			 			
					<u></u>	
	 					

. . .

The date of each amendment(s) adoption: date this document was signed.	, if other than the
U	
Effective date if applicable: (no more that	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap- document's effective date on the Department of State's record	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, action was not required.	or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	through voting groups. The following statement to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was	were sufficient for approval
by(voting group)	
(voting group)	
Dated $02/25/21$ Signature A A A A	
Signature Am Cort R	1
(By a director, president or other of	fficer – if directors or officers have not been
	the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary	rry)
- Aaron Carl	ed name of person signing)
(Typed or print	ed name of person signing)
In corporat	signing)
(Title of persor	signing)

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