P210000 66757

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. COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: QUANTICACOIN	N. INC.		
DOCUMENT NUM	BER: P21000066757			
	s of Amendment and fee are su	ibmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	Genilde Guerra, Esq.			
		Name of Contact Person	n	
	Law Office of Kravitz & Guerra, PA			
		Firm/ Company	·	
	905 Brickell Bay Dr. Suite 20	CL-23		
		Address		
	Miami, Florida 33131			
		City/ State and Zip Cod	e	
	genilde@kravitzlaw.com			
	= - -	sed for future annual report	notification	
For further information	on concerning this matter, plea		de & Daytime Telephone Number	
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:	
■ \$35 Filing 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)	
Mailing Address			Address	
Amendment Section		Amendment Section		
	rision of Corporations	Division of Corporations		
P.C	D. Box 6327 lahassee, FL 32314	The C	on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

QUANTICACOIN, INC.	2021 AUG -4 PM 12: 49
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P21000066757	SECRETARY OF STATE
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
QUANTICA TECH, INC.	The new
	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co", A professional corporation name must contain the word on "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>
	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	<u>e address:</u>
Name of New Registered Agent	
<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
(I	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	ed Agent:
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Signature	of New Registered Agent, if changing
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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change		_	
Add			<u>.</u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

f 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)	Attach additional sheets, if necessary). (Be specific)	
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(if not applicable, indicate N/A)	ar amendment provides for an exchange, reclassification, or cancellation of issued snares,	
	(if not applicable, indicate N/A)	

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The date of each amendment(s) ado	July 27, 2021 ption:, if other than the
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after omendmens file date)
Note: If the date inserted in this blod document's effective date on the Depart	the does not meet the applicable statutory filling requirements, this date will not be listed as the rement of State's records.
Adoption of Amendment(a)	(CHECK ONE)
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting groups. The fallowing statement ch voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval
by	.
	(vating group)
July 27, 202 Dated	i
Signature	1/1
	for, president or other officer - if directors or officers have not been
Selected, b	y an incorporator - if in the hands of a receiver, trastee, or other court
appointed	fiduciary by that fiduciary)
Н	ogo Hoeschl
	(Typed or printed name of person signing)
Pro	sident
_	(Title of person signing)

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