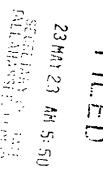
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(Requestor's Name)
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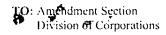


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COVER LETTER



Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPO	RATION: TABULA RASA E	T SAPIENS INC				
DOCUMENT NUM	BER: P23000042740					
	and fee are sub	omitted for filing.				
Please return all corre	espondence concerning this mat	ter to the following:				
	German Vollbracht					
		Name of Contact Person				
		Firm/ Company				
	8232 SW 103rd Avenue					
Address						
	Miami, FI 33173					
City/ State and Zip Code						
	german@barvoll.com			E.	N >	
	E-mail address: (to be us	ed for future annual report	notification)	<u> </u>	3	
For further information	on concerning this matter, pleas	e call:			23 MAY 23	ורו
German Vollbracht		at (8504460 Je & Daytime Telephone Number		<u>></u>	ITI
Name	of Contact Person	Area Coc	le & Daytime Telephone Number		<u>ن:</u>	
Enclosed is a check f	or the following amount made p	payable to the Florida Depa	artment of State:		50	
□ \$35 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)			
	niling Address mendment Section		Address ment Section			

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

TARIH A DASA ET SADIENS INC

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation: A. If amending name, enter the new name of the corporation: SAPIEN ET TABULA RASA INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Cor," a professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MIAMI FL 33173 C. Enter new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address)	TABULA RASA ET SAPIENS INC	
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Name of New Registered Agent		· · ·
	Name of New Registered Agent	<u></u>
(Florida street address)		: "
	(Florida s	treet address)
Now Registered Office Address: Florida	Nove Registered Office Address:	. Florida
(City) (Zip Code)	the regime of the real state o	· - · · · · · · · · · · · · · · · · · ·
New Registered Office Address:, Florida		. Florida
	New Registered Agent's Signature if changing Registered Agen	nt:
New Registered Agent's Signature, if changing Registered Agent:	I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
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Check if applicable

 \Box 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>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change		_	To Sa Para Table T
Add			- <u> </u>
Remove			<u> </u>
4) Change			- A C
Add			
Remove			
5) Change			
Add			
Remove			····
6) Change			
Add			
Remove			

06/01/2023	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
06/01/2023	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more man 29 days agree amenancy)	
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 t
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder a action was not required.	action and shareholder
☐ 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.	ent(s)
□ The amendment(s) was/were approved by the shareholders through voting groups. The following statemust be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes east for the amendment(s) was/were sufficient for approval	'ement
by	
06/08/2023	
Dated	
D 30/	
Signature	
(By a director, president or other officer – if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other of	court Egg 😥
appointed fiduciary by that fiduciary)	
German Vollbracht	AAR HAY
(Typed or printed name of person signing)	<u> </u>
MNGM	n- > .
MINOM	. 3
(Title of person signing)	
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