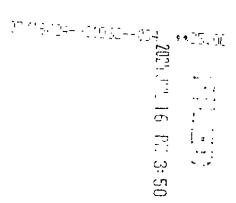
P24 COCC 5882

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: BTOWALLET IN	С				
DOCUMENT NUM	BER: P24000005882					
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	LUIS D CASTRILLON					
		Name of Contact Person	n			
	BTOWALLET INC					
		Firm/ Company				
	10 SW SOUTH RIVER DR APT 1501					
		Address				
	MIAMI, FL 33130					
	City/ State and Zip Code					
	luisdavideastrillongamboa@g	gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call: at (<u>,</u> 2188207			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:			
S35 Filing Fee	S43.75 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 P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

Articles of Amendment Articles of Incorporation

of

BTOWALLET INC (Name of Corporation as currently filed with the Florida Dept P24000005882 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: NAname must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." $N\Lambda$ B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: NA(Mailing address MAY BE A POST OFFICE BOX) D. 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; LUIS D CASTRILLON Name of New Registered Agent 10 SW SOUTH RIVER DR APT 1501 (Florida street address) MIAMI New Registered Office Address: (Cits) 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. gnature 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)

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> <u>Jol</u>	hn Doe		
X Remove	<u>V</u> <u>M</u> i	Mike Jones		
X Add	<u>SV</u> <u>Sa</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	Р	LUIS D CASTRILLON	10 SW SOUTH RIVER DR	
Add			APT 1501	
Remove			MIAMI, FL 33130	
2) Change	P	ODA A JIBARA	10 SW SOUTH RIVER DR	
Add			APT 1501	
X Remove	·		MIAMI FL 33130	
Add				
Remove				
4) Change	<u> </u>			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			_	
Add				
Remove				

Attach additional sheets, if necessary).	. (Be specific)
	•
<u>f an amendment provides for an exc</u>	change, reclassification, or cancellation of issued shares,
	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirent Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the e sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendation	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	a director, president or other officer – if directors or officers ha	
app	cted, by an incorporator – if in the hands of a receiver, trustee, binted fiduciary by that fiduciary)	or other court
	LUIS D CASTRILLON	
	(Typed or printed name of person signing)	
	VP/PRESIDENT	
	(Title of person signing)	

. . .

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