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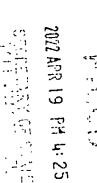
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### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MIGUEL BUENO Name of Contact Person VOLTCASHING. Firm/ Company 1390 BRICKELL AVE, SUITE 335 Address MIAML FL 33131 City/ State and Zip Code MBUENO@VOLTCASH.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; LUCIANO GARCIA-BAYLLERES Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

## **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

### Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

is enclosed)

Tallahassee, FL 32303

# Articles of Amendment to Articles of Incorporation of

VOLTCASH INC.		
(Name of Corporation as currently filed with the Fl	orida Dept. of State)	33
P93000052436		
(Document Number of Corporation (if kr	nowni	
·		? .
Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corp.	poration adopts the follo	wing amend
its Articles of Incorporation:		
A. If amending name, enter the new name of the corporation:		(*) (*)
name must be distinguishable and contain the word "corporation," "company," or "ince	announted" on the abbeni	The n
name mast be distinguistione can comman the word "Corportation," company, for lact "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corp "chartered," "professional association," or the abbreviation "P.A."	poration name must co	ntain the we
D. Enter now principal office address: if applicables		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
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 in Florida, en	ter the name of the	
new registered agent and/or the new registered office address:	<u> </u>	
None of New Destroye L. Com		
Name of New Registered Agent		<del></del>
(Florida street address)		
New Registered Office Address:	, Florida	
(City)		Zıp Code1
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 positi	on.
		<del></del>
Signature of New Registered Agent, if	changing	

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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	OSCAR S URREIZTIETA	2360 GOLF BROOK DRIVE
Add			WELLINGTON, FL 33414
X Remove 2) Change	D	JORGE JARAMILLO RAMIREZ	1390 BRICKELL AVE.
Add			SUITE 335
X Remove	Ð	ROBERT WIENS	MIAMI, FL 33131 1390 BRICKELL AVE
X Add			SUITE 335
Remove			MIAMI, FL 33131
4) Change	D	JAIME A. JARAMILLO	1390 BRICKELL AVE
X Add	-		SUITE 335
Remove			MIAMI, FL 33131
51 Change		_	<del></del>
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

	ng or adding additional Ar ditional sheets, if necessary).	(Be specific)		
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🐫 <u>If an</u> amer	<u>ndment provides for an exc</u>	hange, reclassification	n, or cancellation of iss	ued shares,
	as for implementing the am	<u>endment if not contai</u>	<u>ned in the amendment</u>	itself:
provision				
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The date of each amendment(s) ac	APRIL 2022	if other than the
date this document was signed.	option.	, if outer than the
Effective date if applicable:		
	(no more than 90 days after amendme	ent file date)
<b>Note:</b> If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors with	hout shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cas flicient for approval.	t for the amendment(s)
	roved by the shareholders through voting groups. each voting group entitled to vote separately on the	
"The number of votes east	for the amendment(s) was/were sufficient for appro	oval
by	(voting group)	<u></u>
	(voting group)	
04/15/2022 Dated Signature	the challenge	
selected	rector, president or other officer – if directors or of l, bylun incomporator – if in the hands of a receiver, ed fiduciary by that fiduciary)	
	MIGUEL BUENO	
	(Typed or printed name of person signir	og)
	PRESIDENT	
	(Title of person signing)	

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