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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: PIVOTAL INFORM	MATION SOLUTIONS, IN	C.
DOCUMENT NUM	IBER: <u>P98000025894</u>		
	s of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
	PRAMODH M KUMAR		
		Name of Contact Person	
	PIVOTAL INFORMATION SOLUTIONS, INC.		
	Firm/ Company		
	P. O. BOX 30545		
	Address		
	PALM BEACH GARDENS.	FL 33420-0545	
		City/ State and Zip Code	•
	PIVOTAL@BELLSOUTH.N	VET	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas		9939216
Name of Contact Person		Area Co	de & Daytime Telephone Number
	for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	El\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi The C 2415	Address dment Section on of Corporations lentre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

PIVOTAL INFORMATION SOLUTIONS, INC.

(Name of Corporation	n as currently filed with	the Florida Dept. of State)		-
P98000025894				
(Docume	ent Number of Corporatio	n (if known)		
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Pro	fit Corporation adopts the fo	llowing am	endment(s
A. If amending name, enter the new name of the cor	rporati <u>on:</u>			
BUSINESS EXPERIENCE DESIGN, INC.			The	new
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A profession	r "incorporated" or the abbrial corporation name must	reviation "C contain the	Corp.," e-word
B. Enter new principal office address, if applicable:		·		ـيمـ
(Principal office address MUST BE A STREET ADD.	<u>RESS</u>)		:-C	023
			- i i i	ÀPR
		<u></u> .	<u> </u>	
C. Enter new mailing address, if applicable:			·	<u>.</u>
(Mailing address MAY BE A POST OFFICE BOY	<u></u>		<u> </u>	<u> </u>
			Mori	ထ္
		. 	— <u>————————————————————————————————————</u>	36
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		ida, enter the name of the		
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:		Florida		
Ges registered Office Address.	(City)	, , , , , , , , , , , , , , , , ,	(Zip Code))
New Registered Agent's Signature, if changing Regi	ictored Americ			
Thereby accept the appointment as registered agent.		ept the obligations of the po	sition.	
C:				
Signa	ture of New Registered A	gent, ij enanging		
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)

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 = ChiefExecutive 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 Due, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	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			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
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	11.
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If an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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MARCH 29, 2023	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
APRIL 7, 2023 Effective date if applicable:	
(no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	y 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, or board of direct action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	otes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient t	or approval
PRESIDENT AND DIRECTOR	••
by	
Dated Signature	
(By a director, president or other officer - if director selected, by an incorporator - if in the hands of a rappointed fiduciary by that fiduciary)	
PRAMODH M KUMAR	
(Typed or printed name of person	nt signing)
PRESIDENT	
(Title of person signing)	