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C. COMPTM NO. 2 + 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: ALLIED BINGO	SUPPLIES OF FLORIDA,	INC.
DOCUMENT NUMB	1/20202		
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	Richard E. Berman		
-		Name of Contact Person	n
	Blank Rome LLP		
-		Firm/ Company	
	500 E. Broward Blvd., Suite	2100	
-		Address	
	Ft. Lauderdale, FL 33394		
-		City/ State and Zip Cod	<u> </u>
IIM@	AT LIEDDINGO COM		
	ALLIEDBINGO.COM	sed for future annual report	iCi
	L-man address. (10 be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ЛМ HYNES		at (332-5098
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Amer Divis P.O. I	ing Address idment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 NOV 20 PM 2: 51

ALLIED BINGO SUPPLIES OF FLURIDA, INC.	21 mm 24 13 1 2 P 2 T
(Name of Corporat	tion as currently filed with the Florida Dept. of State
V28203	7772 - 1111114 4 4 4 4 7 7
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:
BANYAN COMMERCE, INC.	The new
	ord "corporation," "company," or "incorporated" or the abbreviation p." "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable; (Mailing address <u>MAY BE A POST OFFICE Be</u>	0X)
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the doffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
Sign	nature of New Registered Agent, if changing

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	PT	John Do	≥ €	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>\$V</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
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 <i>addi</i>	ng or adding additional As litional sheets, if necessary)). (Be specific,)			
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provisions	idment provides for an ex s for implementing the am applicable, indicate N/A)	change, reclassi tendment if not	fication, or canc contained in the	ellation of issued amendment itse	i shares, elfi:	
						
		<u> </u>				_
						

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 date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes east for the amendme sufficient for approval.	nt(s)
	oproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	rment
"The number of votes can	it for the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated 11/07/20	× 1/2 V	
(By a select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other c nted fiduciary by that fiduciary)	
	JIM HYNES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	