

MER

F99000002664

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18 March 2002

Ms. Anna Chestnut
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

500005140035--1
-03/22/02--01003--006
*****35.00 *****35.00

Dear Ms. Chestnut:

Enclosed is the application for amendment that you requested I file as a precursor to the first amendment that I forwarded to your office. In addition, I have enclosed a check for \$35.00 to cover the applicable filing fee.

If you have any questions, please contact me at (954) 536-3482.
Thank you.

Yours truly,

David Simonetti
gave authorization
to make corrections
3/21/02 ac

02 MAR 21 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ac
n/chg
3/21

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

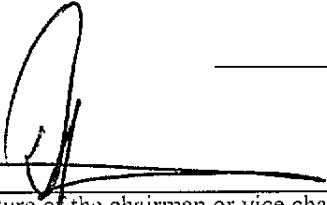
1. PROTIX CORPORATION
(Name of corporation as it appears on the records of the Department of State)
2. MARYLAND 3. 5-24-99
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 10-01-2001
5. LARGO FUSION, INC
(Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)


(Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

DAVID J. SIMONETTI, PRESIDENT
(Typed or printed name)

(Date)

(Title)

FILED
02 MAR 21 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
Projix Corporation

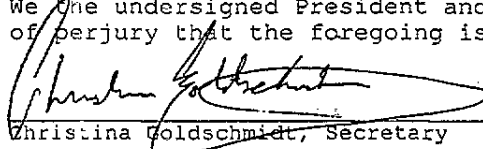
Projix Corporation, a Maryland Corporation hereby certifies to the State Department of Assessments and Taxation of Maryland that:

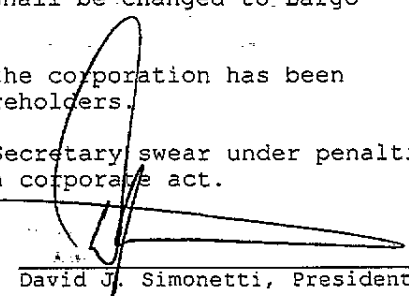
The charter of the corporation is hereby amended as follows:

The name of the corporation shall be changed to Largo Fusioni, Inc.

This amendment of the charter of the corporation has been approved by the directors and shareholders.

We the undersigned President and Secretary swear under penalties of perjury that the foregoing is a corporate act.


Christina Goldschmidt, Secretary


David J. Simonetti, President

REC'D 1-103 1032

CUST ID:0000726320
WORK ORDER:0000501272
DATE:10-01-2001 03:19 PM
AMT. PAID:\$20.00

DOCUMENT CODE 09A BUSINESS CODE _____

D04606364

Close _____ Stock _____ Nonstock _____

P.A. _____ Religious _____

Merging (Transferor) _____

Surviving (Transferee) _____

ID # D04606364 ACK # 1000361986202228
LIBER: B00299 FOLIO: 1610 PAGES: 0002
LARGO FUSIONI, INC.

10/01/2001 AT 10:34 A WO # 0000501272

New Name Largo Fusioni, Inc

FEES REMITTED

Base Fee: 20
Org. & Cap. Fee: _____
Expedite Fee: _____
Penalty: _____
State Recordation Tax: _____
State Transfer Tax: _____
Certified Copies _____
Copy Fee: _____
Certificates _____
Certificate of Status Fee: _____
Personal Property Filings: _____
Other: _____
TOTAL FEES: 20

☒ Change of Name
____ Change of Principal Office
____ Change of Resident Agent
____ Change of Resident Agent Address
____ Resignation of Resident Agent
____ Designation of Resident Agent
____ and Resident Agent's Address
____ Change of Business Code
____ Adoption of Assumed Name
____ Other Change(s) _____

Code _____

Attention: _____

Mail to Address:
Proxix Corporation
P.O. Box 30580
Ft. Lauderdale, Florida 33303

Credit Card _____ Check _____ Cash _____

____ Documents on _____ Checks

Approved By: 9

Keyed By: _____

COMMENT(S):

**CERTIFIED
COPY MADE**

Stamp Work Order and Customer Number HERE
CUST ID: 0000726320
WORK ORDER: 0000501272
DATE: 10-01-2001 03:19 PM
AMT. PAID: \$20.00

STATE OF MARYLAND
I hereby certify that this is a true and complete copy of the 2
page document on file in this office. DATED: 02/26/02
STATE DEPARTMENT OF ASSESSMENTS AND TAXATION
BY: [Signature] Custodian
This stamp replaces our previous certification system. Effective: 5/95