P03000078530

(Re	equestor's Name)			
(Address)				
(Ad	dress)	-		
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
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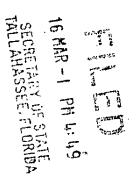
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A RANSEY

COVER LETTER

Division of Corporations					
NAME OF CORPORATION: AUCTIO OCTOBERUS, INC. DOCUMENT NUMBER: P0300078530					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Jeff Davis					
Name of Contact Person (2 Mayers					
8592 Crooked Tree					
Jacksonville, FL 32256					
City/ State and Zip Code Seff@Plantheattack, Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Jeff Davis av. 904, 536-1518					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Street Address Amendment Section Division of Corporations Clifton Building					

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amo	endment
to Articles of Incor	noration that the tree property
h of	poration the base that
Auctio Octob	CTUS, 12 FM 4: 49
(Name of Corporation as currently t	iled with the Florida Dept. of State)
P03000	7853 GECRETARY OF STATE
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatticles</i> of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
TZamax Ventures	/hc
name must be distinguishable and contain the word "corporation,"	
"Corp.," "Inc.," or $ ilde{Co}$.," or the designation "Corp," "Inc," or "Co	". A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation "P.	A."
B. Enter new principal office address, if applicable:	1454 Prodential Dr.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Jacksonville FL
	2000
	<u> 3220 / </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1454 Prudential Dr.
	Jacksonville, FL
	77707
	56607
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent NA	
(Florida street	address)
λ / Δ	•
New Registered Office Address: \(\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	, Florida ity) (Zip Code)
, -	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
\wedge_{ι}	
Signature of New Reg	ristered Agent, if changing
Digitalar COJ New Neg	1011 THE TOP OF THE PERSON OF

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>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	ones	Λ / Λ	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	NA	
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					

, J	(Be specific)
	\
	1 4 7 \
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an excl 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:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption: _	2/23/	16	, if other than the
date this document was signed.	_ / _	_ 1	
Effective date <u>if applicable</u> :	723	after amendment file date	<u> </u>
	(no more than 90 days a	ifte r amenament file aate	,
Note: If the date inserted in this block does document's effective date on the Department of		atutory filing requirement	ts, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)		
by the shareholders was/were sufficient for	e shareholders. The number approval.	r of votes cast for the am	endment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each voting			
"The number of votes cast for the ame	endment(s) was/were suffici	ient for approval	
by	oting group)		
(ve	oting group)		
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without	shareholder action and s	hareholder
The amendment(s) was/were adopted by the action was not required.	e incorporators without shar	reholder action and share	holder
Dated 2	123/16		
		<u> </u>	
Signature(By a director pre	esident or other officer – if o	directors or officers have	not been
	copporator – if in the hands		
appointed fiduciate	ry by that fiduciary)		
	Jeff Dav	15	
•	(Typed or printed name of	person signing)	
	President		

(Title of person signing)