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(Re	equestor's Name)		
(Ac	ddress)		
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PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Name)		
(Document Number)			
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SECRETARY OF STATE TALLEY SSEE FEBRIDA

JUL 0 2 2015 T CANNON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: XION F	geness S	dutions corp	
DOCUMENT NUMBE	r: <u>P0300</u> 0	130994		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
	SO 16 PAGKI	Name of Contact Person Firm/ Company Address City/ State and Zip Code	tions copp.	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TABIAN METTA at (954) 850-2703				
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		□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Maili	ng Address	Street	Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

XION Business Soluti	ONS CORP	
PO3000 130 994	y filed with the Florida Dept. of State)	
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the corporation:	MA	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	'Co". A professional corporation name m	The new ne abbreviation new nest contain the
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	11/14	SECASTARY OF TALLATIASSES.
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		STATE PORTOR
Name of New Registered Agent		
(Florida su	reet address)	
New Registered Office Address:	(City), Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>t:</u>	
		414
Signature of New 1	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	<u>PT</u> <u>Joh</u>	n Doc		
X Remove	<u>V</u> <u>Mik</u>	te Jones		
_X Add	<u>SV</u> <u>Sall</u>	y Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	<u>\</u>	DEBBIE REZNIK		
Add Remove				<u> </u>
2) Change				
Add				TALI
3) Change			<u></u>	CRETAR LAHASI
Remove			PH 2:	FEE C
4) Change			<u> </u>	
Add Remove				
5) Change				
Add				
			<u> </u>	w-44-8-80
6) Change Add	 			
Remove				

Attach additional sheets, if necessary).	(Be specific)		
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		19	V
f an amendment provides for an exch	ange, reclassification, or cancellation	41. 1.1	يئ
provisions for implementing the ame	idment if not contained in the amend	of issued snares, ment itself:	·- '-
(if not applicable, indicate N/A)		.: .:	f**
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The date of each amendment(s) adoption:	_, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	1
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	FIL SECRETARY FALLAHASS
Dated 06 12/15	FILED ARYOF ASSECTION
Signature	<u>항 등</u>
(By a director, president or other officer—if directors or officers have not been	5 RA
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	9 □€
TABIAN MENA	. <u></u>
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	