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Amand (10, 11. 20.14

COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: MAXX Technologies Inc					
DOCUMENT NUMBER: $\sqrt{3}()300/33950$					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Chery Appleman Habini Name of Contact Person MAXX Declaration Inc Firm/ Company Address PORT St. Lice FL 34756 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Clearly HAKIMI at (954) 654 9196 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 Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment	TABLED
to /	4 Am 10000 8
Articles of Incorporation	10 17 CE
MARK Technologies INC	AN 8:5
(Name of Corporation as currently filed with the Florida Dept. of State)	
1203000153450	
(Document Number of Corporation (if known)	,
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."	phreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PORT ST (LLC)	PC 34986
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) PORT ST LUKIC I 34	iore Ave 2 986
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent 5855 N.J. Octob Ole Ave	
New Registered Office Address: ORT ST UCIF, Florida 3498 (City) (City)	<u>C</u>
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	

Signature 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	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address Gini 5855 NW Dumore Av. PERT STLUCIE, FL. 34966.
1) Change	7	Mohaman DOHA	5855 NW Dunore Av.
Add	·		34986.
Remove	^		
2) Change	, 1	Chery Hakimi	5855 NIU Dunmure DLSI IUCK AVE
Add Add	the	∞ $My)$	PLSI LUCK AVE
Remove 3) Change			
Add			
Remove			
4) Change	***************************************		
Add			
Remove		·	
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Appress dunge Remove Director
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
·

date this document was signed.	option:	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	-6/14	
Signature	en Helm	
(By a dir	ector, president or other officer - if directors or officers have not been	***************************************
	by an incorporator – if in the hands of a receiver, trustee, or other court diduciary by that fiduciary)	
2, , , , , ,	Cheril Ilakini	
•	(Typed or printed name of person signing)	
	Ove < 1000	
-	(Title of person signing)	