## P090000 75434

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

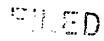
Tallahassee, FL 32314

NAME OF CORPORATION: Viizion Inc 106-6888 P09000075434 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Scott Pattern Name of Contact Person Hard Drive Max
Firm/ Company # 4695 Riverwood Are Address Savasota FL 3423/ City/ State and Zip Code spattonfL@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sco # Pa Hon Name of Contact Person at (941) 735-8325 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



viizion Inc		2023 AUG 14 PH 12: 143
(Name of Corpora	ition as currently filed	with the Florida Dept. of State)
Pranno	75434	oration (if known)
(Doct	ument Number of Corp	oration (if known)
		a Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the	corporation:	
Hard Drive Max I	nc.	The new ny," or "incorporated" or the abbreviation "Corp.,"
name must be distinguishable and contain the word ' "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	c," or "Co". A profe	ny," or "incorporated" or the abbreviation "Corp.," essional corporation name must contain the word
3. Enter new principal office address, if applicate Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		
). If amending the registered agent and/or registered new registered agent and/or the new registered		Florida, enter the name of the
Name of New Registered Agent		
	(Florida street add	dress)
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent		nd accept the obligations of the position.
Sic	gnature of New Register	red Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Do	<u>xe</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>şv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change		<del>-</del>		
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)
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an amendment provides for an exch rovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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• • • •		
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:	8/10/2023	
Site of the state	(no more than 90 days after a	mendment file date)
Note: If the date inserted in this block doe document's effective date on the Departmen	s not meet the applicable statutory	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (	CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of direc	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient to		rotes cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vot		· ·
"The number of votes cast for the a	mendment(s) was/were sufficient f	for approval
by		,,
by	voting group)	·
Dated 7/10 (	123 H Pattal	
Signature C1	H Patton	•
**B******	resident or other officer - if directo	ors or officers have not been
	ncorporator - if in the hands of a re	eceiver, trustee, or other court
••	iary by that fiduciary)	
:	Scott Pattern (Typed or printed name of person	
	(Typed or printed name of person	on signing)
	President	
	(Title of person signing)	