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SELECTARY OF STATE
DIVISION OF CORPORATIONS

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12/30/14

COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations Lyston Solutions, Inc. DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Melissa Kirkner

Name of Contact Person

Xyston Solutions, Inc.

Firm/Company Address Melissa @ yystonsolutions. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melissa Kirkner at (910) 322-2621

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 & □\$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

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Articles of I	ncorporation 💢
	0f 310/84/10 F. 1999
Xyston Solutions, Inc	- 16 - ON GARAGE
(Name of Corporation as currently filed with the	Florida Dept. of State
P12000102048	Phy "ATIONS
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporat	ion," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	Xyston Solutions, Inc
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Xyston Solutions, Inc 2606 Hidden Fotates Cir.
	Navarne, FL 32566
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Kyston Solutions Inc. P.O.Box 5868
	P.O.Box 5868
	Navarre, Fl 32566
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
(Cit	
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familia	r wun ana accept the obugations of the position.
Signature of New Registered	d Agent, it 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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	D	Melissa Kirkner	1892 Alfred Blvd
Add			Navarre, FL 32566
Remove			.
2) Change	D	William Safos	2106 Hidden Estats Cir
Add			Navarre, FL 3256
Remove			
3) Change		· _	
Add			
Remove			
4) Change			<u> </u>
Add			······································
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).		
		······································
	·	
F. If an amendment provides for an exchiprovisions for implementing the amer		
(if not applicable, indicate N/A)		
Change numbe	es of held 2	mares 10.
Melissa Kirkner	2,000,000	preferred stock
William Safos	2,000,000	peterred stock
Craig V. Walker	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: December 15, 2014 date this document was signed.	if other than the
Effective date if applicable: DCC mber 15, 2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	8. 80.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The jumust be separately provided for each voting group entitled to vote separately on the amendment. "The number of votes cast for the amendment(s) was/were sufficient for approval	OF STATE
"The number of votes cast for the amendment(s) was/were sufficient for approval) (M) (29
by"	-
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated December 15, 2014	
Signature Lolisa Luke (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Melissa Kirkner (Typed or printed name of person signing)	
(1 ypea or printed name of person signing)	
Director Development	
(Title of person signing)	