(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	MAXSONIZ INC.
DOCUMENT NUMBER:	P13000029046
The enclosed Articles of Amendme	nt and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
	JASON MAXSON Name of Contact Person
	MAXSONIZ, INC. Firm/ Company
	ritili Company
	290 LAS BRISAS CIRCLE Address
12 17 , 	WESTON, FL 33326 City/ State and Zip Code
So. E-man	ddress: (to be used for future annual report notification)
For further information concerning	his matter, please call:
_ JASON_ MAXSON	at (954) 599 - 251 (
Name of Contact Pe	
Enclosed is a check for the following	g amount made payable to the Florida Department of State:
	S Filing Fee & Status Scate of Status Certified Copy (Additional copy is enclosed) S Filing Fee & Status Status Certified Copy (Additional Copy is enclosed)
Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	rations Division of Corporations Clifton Building

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AM 9: 23

Articles of Amendment to Articles of Incorporation

MAXSONIZ, INC.				
(Name of Corporation as	currently filed with the Florida Dept. of S	tate)		
P13000029046			 	1
(Document	t Number of Corporation (if known)			
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Florida Profit Co	<i>rporation</i> ado	pts the following	g amendment(s) to
A. If amending name, enter the new name	me of the corporation:			
				The new
	ain the word "corporation," "company," ation "Corp," "Inc," or "Co". A profession," or the abbreviation "P.A."			
B. Enter new principal office address, i	f applicable:		·	
(Principal office address MUST BE A ST	TREET ADDRESS)			
				,
		· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if applic	cable:			
(Mailing address MAY BE A POST C	OFFICE BOX)			
				-
		41		
D. If amending the registered agent and new registered agent and/or the new	d/or registered office address in Florida, e registered office add <u>ress:</u>	nter the name	of the	
<u>Name of New Registered Agent</u>	JOHN PASSARIELLO, 2953 W. CYPRESS CREEK SUITE 101	ROAD		
	(Florida street address)			
New Registered Office Address:	FT. LAUDERDALE,	, Florida	33309	
	(City)		(Zip Code)	•
•				
New Registered Agent's Signature, if ch	nanging Registered Agent: ered agent - Law familiar with and accept to	i e oblis ations	of the position.	
The state of the s			- J F	
/ Sin	nature of New Registered Agent, if changing			
<i>Y</i> 5.8	,y	,		

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 <math>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
1)Change	P	JASON B MAXSON	290 Las Brisas Cir
Add			Weston, FL 33326
Remove			
2) Change			
Add		•	
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
Kemove			
5) Change			
Add	,		
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
<u> </u>		
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<u>,</u>		
	•	
f an amandmant provides for an eyel	hange, reclassification, or cancellation of issued share	^ q_
provisions for implementing the ame	endment if not contained in the amendment itself:	 1
(if not applicable, indicate N/A)		
		- ,
		

<	The date of each amendment(s) adoption: March 29, 2013
/	Effective date if applicable: March 29, 2013
	(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) 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.
	☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	$\sqrt{Dated} = 6 - 10 - 2013$
	Signature (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)
	✓ JASON B. MAXSON (Typed or printed name of person signing)
	President
	(Title of person signing)