P14000017832

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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Amend CC 0 1/10/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Eonian Techno	ology Inc.		
DOCUMENT NUM	P14000017832			
	of Amendment and fee are sul	hmitted for filin	a	
The enclosed Affices	oj Amenamem and tee are su	duitted for filli	8 ∙	
Please return all corre	spondence concerning this mat	ter to the follow	ving:	
	John Borzymows	ki		
		Name of Cor	ntact Person	
	Eonian Technology Inc) .		
		Firm/ Co	ompany	
	999 Douglas Ave., Sui	te 3333		
	_	Add	ress	
	Altamonte Springs, FL	.32714		
		City/ State ar	nd Zip Code	;
	john@eoniantechno	ology.com		
	E-mail address: (to be us	ed for future an	nual report	notification)
For further informatio	n concerning this matter, pleas	e call:		
John Bo	rzymowski			004 400
		at (_	407	_)921-1397
Name	of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Fi	lorida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filin Certified Co (Additional enclosed)	ору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address			Address
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314 Chron Building 2661 Executive Center Ci				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed P14000017832	with the Plotida Dept. of State)	
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the follow	ing amendment(s) t
A. If amending name, enter the new name of the corp N/A	oration:	The new
	"corporation," "company," or "incorporated" or the "Inc," or "Co". A professional corporation name mus breviation "P.A." N/A	abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
	NI/A	- - ;
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 	4 JUN 23
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		- L
Name of New Registered Agent	N/A	
	(Florida street address)	
New Registered Office Address:	(City), Florida (Zip Code)	<u></u>
New Registered Agent's Signature, if changing Regist- I hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and accept the obligations of the position	
	m familiar with and accept the obligations of the position 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 Do	<u>e</u>	
X Remove	Y	Mike Jo	nes	,
_X Add	<u>sv</u>	Sally Sm	aith	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				***
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				****
5) Change				
Add				-
Remove				
6) Change		 -		
Add			· 	
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	N/A
The second secon	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
The board of directors have app	proved to increase the number of authorized shares from
the original amount of 100 share	es to 100 million shares with each share having a
no par value.	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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)	
(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 June 18th Josh	
Signature (By a director or esident 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)	
Christophe Schmitt	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	_