P17000011028

(Request	or's Name)	
(Address)	
(Address)	
(City/Stat	e/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Busines	s Entity Name)	
(Docume	nt Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	

Office Use Only



200303914682

09/23/17--01016--002 **43.75

2017 SEP 29 A.H 10: 31



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FZX INC				
DOCUMENT NUMBER: P17000011028				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this mat	tter to the following:			
MICHAEL GEMMELL				
	Name of Contact Person			
2010 SOLUTIONS INC				
	Firm/ Company			
2077 SEAWIND COURT				
Address				
INDIALANTIC FL 32903				
	City/ State and Zip Code			
mikege2010@msn.com				
E-mail address: (to be us	ed for future annual report notification)			
For further information concerning this matter, please call:				
MICHAEL GEMMELL	at (321) 773-9516 Area Code & Daytime Telephone Number			
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 & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

BIT SER 29 MIR 3.

Articles of Amendment to Articles of Incorporation of



FZX INC

(Name of Corporation as co	currently filed with the Florida Dept. of State)
P17000011028	ن
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrevi	The new rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent	
	lorida street address)
New Registered Office Address:	. Florida
negalerea Office ridaness.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	amiliar with and accept the obligations of the position.
Signature of	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 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>	Address
1) Change	V,T,S	SAIMA ABBAS	5097 TEMPLETON PLACE
XXX Add			ROCKLEDGE FL 32955
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Charas			
6) Change		···	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
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)
N/A

The date of each amendment(09/25/2017 s) adoption:	, if other than the
date this document was signed.		
	09/25/2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this end between the Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amendment e sufficient for approval.	t(s)
	approved by the shareholders through voting groups. The following states of for each voting group entitled to vote separately on the amendment(s):	ment
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
, <u></u>	(voting group)	
	adopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
	912512017 Nell H	
Dated	A A A A A	
G.	α ,	
Signature	a director, president or other officer – if directors or officers have not bee	 n
	ected, by an incorporator – if in the hands of a receiver, trustee, or other co	
api	pointed fiduciary by that fiduciary)	
	MICHAEL S GEMMELL	
	(Typed or printed name of person signing)	
	INCORPORATOR	
	(Title of person signing)	