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R. WHITE

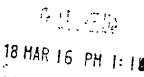
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Level X Technolog	gies, Inc.	
DOCUMENT NUN	P1700006777	· · · · · · · · · · · · · · · · · · ·	
The enclosed .4rticle	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	Dustin Sellers		
		Name of Contact Perso	n
	Level X Technologies, Inc.		
		Firm/ Company	
	2935 Woodrich Dr Ste B		
		Address	
	Tallahassee, FL 32301		
		City/ State and Zip Cod	c
dust	in.sellers@levelxtechnologies.	com	
		sed for future annual report	notification)
	(- 2		······································
For further informati	on concerning this matter, pleas	se call:	
Dustin Sellers		at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



Level X Technologies, Inc. (Name of Corporation as currently f	BETT ALL MAN CONTROL
(Name of Corporation as currently f	
	iled with the Florida Dept. of State) 23 19 19 19
P17000096777	1
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
V/Δ	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.,	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2935 Woodrich Dr
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Stc B
	Tallahassee, FL 32301
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2935 Woodrich Dr
	Ste B
	Tallahassee, FL 32301
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent N/A	
MA	
(Florida street	address)
New Registered Office Address: V/A	, Florida
New Registered Office Address: 1-11	ty) (Zip Code)

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	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) MA Change	NIR	~/R	N/A
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

,	îcles, enter change(s) here: (Be specific)
J IA	
······································	
If an amendment provides for an exch	uange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
JIR	

The date of each amendment(s) adoptio	n: V/A	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : //	{	
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block document's effective date on the Department		requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien	y the shareholders. The number of votes cas t for approval.	t for the amendment(s)
	by the shareholders through voting groups. oting group entitled to vote separately on the	
"The number of votes cast for the	amendment(s) was/were sufficient for appro	val
by		•
	(voting group)	_ .
action was not required.	y the board of directors without shareholder	
The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder actio	n and shareholder
03/13/2018 Dated		
Signature	Sul	
selected, by a	, president or other officer – if directors or of n incorporator – if in the hands of a receiver, aciary by that fiduciary)	
Dustin	Sellers	
	(Typed or printed name of person signing	ng)
Presid	ent, CEO	
	(Title of person signing)	