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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MAXLINE CBD INC					
DOCUMENT NUMBER:	P18000090028					
The enclosed Articles of Amenda	ent and fee are submitted for filing.					
Please return all correspondence	oncerning this matter to the following:					
	Sonia Becerra					
Name of Contact Person						
Swyft Filings						
Firm/ Company						
12605 East Freeway Suite 540						
	Address					
	Houston, Texas 77015					
	City/ State and Zip Code					
filings@swyftfilings.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Sonia Becerra Name of Contact I	at (877) 777-0450 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:						
_	75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ficate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, Fl.	tion Amendment Section orations Division of Corporations Clifton Building					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MAXLINE CBD INC

IVIAALINE CE	
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P180000	090028
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Maxline Production	
name must be distinguishable and contain the word "corporatio "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: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature 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)	Title	<u>Name</u>	Address
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Channa			
6) Change			
Add			
Remove			

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provisions for implementing the amendn	nent if not conta	ained in the	amendment	itself:	
(if not applicable, indicate N/A)					
			 -	<u> </u>	
			<u>. </u>	- -	<u> </u>
			<u> </u>		

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)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The foll must be separately provided for each voting group entitled to vote separately on the amend	owing statement dment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action a action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and s action was not required.	hareholder
Signature (By a director, president of other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	
DEAN BARKOULC	<u> </u>
(Typed or printed name of person signing)	<u> </u>
President	
(Title of person signing)	

. .

*