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D SCOTT MAY 2 4 2019

COVER LETTER

TO: Registration Section
Division of Corporations

Division of Corporations	
SUBJECT: LIK International Name of Limit	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang-	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	-
The state of the s	o the following.
Tayarion Nix	
Name of Person	
Nix International, LLC Firm/Company	
Firm/Company	
1702 Newark Street So	oth E
Address	
St. Petersburg FL 33711 City/State and Zip Code	
E-mail address: (to be used for future annual report	,
•	•
For further information concerning this matter, please ca	II:
Lorac A. Nix at (2)	Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Mix International, LL	C.
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
	5/18/2016 and assigned
This amendment is submitted to amend the following:	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Enter new principal offices address, if applicable:	gnation "LLC" or the abbreviation "L.L.C."
	N. 1
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	ur records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address: Enter Florida	street address
	, Florida
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

	from our records:		
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tavarion Nix	1702 Newark St. South	
		1702 Newark St. South St. Petersburg, FL 3371	1□ Remove
	T/		Change
AMBR	Jelani Nix	121 Luke Ct New Bern, NC 28560	Ø Add
		NEW BERN, NC 28560	Remove
			Change
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Effective date, if other than the date of filing:		(optional)	′ ገ	
fan effective date is listed, the date must be specific and cannot be prior to da Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	te of filing or more than 90) days after filing.) I ments, this date w	Pursuant to C ill not be l	505.020 isted a
ne record specifies a delayed effective date, but not ar The 90th day after the record is filed.	effective time, at	12:01 a.m. o	n the ear	rlier c
May 10 2519				
Dated $\frac{169}{4}$.				
Dated May W 2019. Signature of a member or authorized LOFAC A. MIX Typed or printed na	representative of a more	ner .		

Page 3 of 3

Filing Fee: \$25.00