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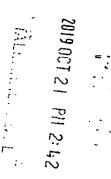
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Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: MIXX OF LINCO	OLN ROAD, INC		
DOCUMENT NUMBER:	P02000078816			
The enclosed Articles of Ar		ibmitted for filing.		
Please return all correspond	ence concerning this ma	tter to the following:		
JOA	O R PEREZ			
		Name of Contact Person	n	
MIXX OF LINCOLN ROAD, INC				
-		Firm/ Company		
6043 NW 167TH STREET, SUITE A8				
		Address		
HIA	LEAH, FL. 33015			
		City/ State and Zip Cod	e	
RSANCHI	EZ@JRPGROUPINVES	ST.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information con	cerning this matter, pleas	se call:		
JOAO R PEREZ		at (836-6555	
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 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)	
Division o P.O. Box	ent Section of Corporations	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Articles of Amendment to Articles of Incorporation of

MIXX OF LINCOLN ROAD, INC.

·	i Corporation as currenti	y filed with the Florida De	pt. of State)		
P02000078816					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation	adopts the following	ng amendn	nent(s)
A. If amending name, enter the new name	me of the corporation:				
N/A				The ne	
name must be distinguishable and conta	ain the word "corporation	n," "company," or "incorp	porated" or the a		
Corp.," "Inc.," or Co.," or the designa			ration name mนีรเ	coर्मिद्धांn u	he
ord "chartered," "professional associati	ion," or the abbreviation "	P.A. "	E:	90	#
. Enter new principal office address, it	if applicables	N/A		 i	
Principal office address MUST BE A ST			::		•
-			(
			:	7	
		-			
Enter new mailing address, if applic	able:		۲.	և2	
(Mailing address MAY BE A POST O					_
					•
					•
. If amending the registered agent and			me of the		
new registered agent and/or the new	registered office address				
Name of New Registered Agent	N/A				
The ty ten heginesen ngen	<u> </u>	<u> </u>	·	-	
	_			_	
	(Florida str	ret address)			
New Registered Office Address:			, Florida		
		(City)	- ' ' 	Code)	•
ew Registered Agent's Signature, if ch	anging Registered Agent:				
hereby accept the appointment as registe			ns of the position.		
		, , ,			
	Signature of New R	egistered 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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	JAYME R PEREZ	6043 NW 167 STREET
Add			SUITE A8
X Remove			111ALEAH, FL. 33015
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
N/A	y necessary, the sp	cegie			
					
			···		
	·				·
	_				-
		· ·			
					
					
F. If an amendment provide provisions for implementations.	<u>des for an exchange, re</u> enting the amendment	<u>eclassification, or c</u> if not contained in	ancellation of issu the amendment it	<u>ed shares.</u> self:	
(if not applicable, i	ndicate N/A)				
N/A					
				_ -	
					
					
			<u> </u>		
 			-		

The date of each amendment	s) adoption:, if other than th
date this document was signed.	10/16/2019
Effective date if applicable:	10/16/2019
	(no more than 90 days after amendment file date)
	his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
10/16/ Dated	2019
:/uivo	•
Signaturg	As a second seco
(B	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	JOAO R PEREZ
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)